

# 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)

2 Total pages filed: **12**

**OFFICE USE ONLY**

Date Received

RECEIVED

APR 24 2026

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS (MRS) / MR

FIRST

Janice

MI

E.

NICKNAME

LAST

Tyler

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3705 Pimlico Dr.

Arlington TX 76017

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 692-7696 (cell)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Patricia

MI

D.

NICKNAME

LAST

Tyler

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3705 Pimlico Dr.

Arlington TX 76017

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 239-5604 (cell)

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

3 / 24 / 26

THROUGH

Month

Day

Year

4 / 22 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 2 / 26

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

local

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Trustee Pl 6 Arlington ISO

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Janice Tyler*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6018.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 14,184.52

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6802.47

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

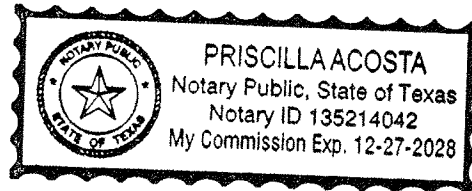
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Janice Tyler*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Janice Tyler* this the *12th* day of *April*

20 *2020*, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Janice Tyler

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |              |
|-----|---|--------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 6018.00   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$           |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$           |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$           |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 14,184.52 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$           |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$           |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$           |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$           |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$           |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$           |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$           |

# 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: **6**

2 FILER NAME

**Janice Tyler**

3 Filer ID (Ethics Commission Filers)

4 Date

**3-24-26**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Dennis Geesaman**

7 Amount of contribution (\$)

**23.70**

6 Contributor address; City; State; Zip Code

[Redacted] **TX 78941**

8 Principal occupation / Job title (See Instructions)

**retired**

9 Employer (See Instructions)

**retired**

Date

**3-24-26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Andy Hopper**

Amount of contribution (\$)

**47.70**

Contributor address; City; State; Zip Code

[Redacted] **TX 76234**

Principal occupation / Job title (See Instructions)

**Software engineer**

Employer (See Instructions)

**self-employed**

Date

**3-24-26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Wesley Virdell**

Amount of contribution (\$)

**95.70**

Contributor address; City; State; Zip Code

[Redacted] **TX 76825**

Principal occupation / Job title (See Instructions)

**mechanic**

Employer (See Instructions)

**Virdel Diesel**

Date

**3-24-26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Keresa Richardson**

Amount of contribution (\$)

**95.70**

Contributor address; City; State; Zip Code

[Redacted] **Dr. McKinney TX 75022**

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

**retired**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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:

2 FILER NAME

Janice Tyler

3 Filer ID (Ethics Commission Filers)

4 Date

3-24-26

5 Full name of contributor

Shelley Luther

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

95.70

6 Contributor address;

City;

State;

Zip Code

[Redacted] Rd Sherman TX 75090

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

self-employed

Date

3-24-26

Full name of contributor

Phil King

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

239.70

Contributor address;

City;

State;

Zip Code

[Redacted] Weatherford TX 76086

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Eggleston King Davis, LLP

Date

3-24-26

Full name of contributor

Cheryl Bean

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

479.70

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

B Smart Builders

Date

3-30-26

Full name of contributor

Michael Wilson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2006.00

Contributor address;

City;

State;

Zip Code

[Redacted] Midlothia 76065

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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:                            |
| 2 FILER NAME<br><i>Janice Tyler</i>  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><i>4-1-26</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Miniam Williamson</i> | 7 Amount of contribution (\$)<br><i>100.00</i>        |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76016</i> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>self-employed</i>        |   | 9 Employer (See Instructions)<br><i>self-employed</i> |
| Date<br><i>4-1-26</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Margaret Watkins</i>    | Amount of contribution (\$)<br><i>75.00</i>           |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76016</i>   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>retired</i>                |   | Employer (See Instructions)<br><i>retired</i>         |
| Date<br><i>4-1-26</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Shanda Perkins</i>      | Amount of contribution (\$)<br><i>50.00</i>           |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>TX 76097</i>             |   |   |
| Principal occupation / Job title (See Instructions)<br><i>retired</i>                |   | Employer (See Instructions)<br><i>retired</i>         |
| Date<br><i>4-1-26</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Barbara Nash</i>        | Amount of contribution (\$)<br><i>100.00</i>          |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76011</i>   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>retired</i>                |   | Employer (See Instructions)<br><i>retired</i>         |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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:

2 FILER NAME

Janice Tyler

3 Filer ID (Ethics Commission Filers)

4 Date

4-1-26

5 Full name of contributor

Bill Zedler

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City:

State:

Zip Code

Arlington TX 76017

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

4-1-26

Full name of contributor

Arlington Taxpayer Alliance

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.00

Contributor address;

City:

State:

Zip Code

Arlington TX 76012

Principal occupation / Job title (See Instructions)

ATA PAC

Employer (See Instructions)

ATA PAC

Date

4-1-26

Full name of contributor

Vernon Keener

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address;

City:

State:

Zip Code

Arlington TX 76016

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

4-3-26

Full name of contributor

Candice Trent

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City:

State:

Zip Code

Arlington TX 76017

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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:

2 FILER NAME

Janice Tyler

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-26

5 Full name of contributor

Linda Jackson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

479.70

6 Contributor address;

City;

State;

Zip Code

[Redacted] Arlington TX 76016

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

4-13-26

Full name of contributor

Ralph Sobel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

[Redacted] Arlington TX 76012

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

4-13-26

Full name of contributor

Lance Fitzgerald

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

[Redacted] Arlington TX 76016

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

4-15-26

Full name of contributor

Brenda Hayes

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

95.70

Contributor address;

City;

State;

Zip Code

[Redacted] Mansfield TX 76063

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

Interquest

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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:

2 FILER NAME *Janice Tyler* 3 Filer ID (Ethics Commission Filers)

|  |  |  |
|--|--|--|
| 4 Date<br><i>4-16-26</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Larry Strong</i> | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>[Redacted] Arlington TX 76017</i> |  |  |

8 Principal occupation / Job title (See Instructions) *retired* 9 Employer (See Instructions) *retired*

|   |  |  |
|---|--|--|
| Date<br><i>4-17-26</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Kimberly Fitzpatrick</i> | Amount of contribution (\$)<br><i>239.70</i> |
| Contributor address; City; State; Zip Code<br><i>[Redacted] Colbyville TX 76034</i> |  |  |

Principal occupation / Job title (See Instructions) *Judge* Employer (See Instructions) *State of Texas*

|  |   |                             |
|--|---|-----------------------------|
| Date                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code |   |                             |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |   |                             |
|--|---|-----------------------------|
| Date                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code |   |                             |

Principal occupation / Job title (See Instructions) 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  | 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:<br><b>3</b> | 2 FILER NAME<br><b>Tanice Tyler</b>   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>3-24-26</b>               | 5 Payee name<br><b>Office Depot</b>   |  |
| 6 Amount (\$)<br><b>34.62</b>          | 7 Payee address:<br><b>401 SW Plaza Ste. 107</b><br><input type="checkbox"/> Check if individual's residence address.   |  |
|  |   | City; State; Zip Code<br><b>Arlington TX 76016</b> |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>office supplies</b>  | (b) Description<br><b>stationary</b>               |
|  | (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<br><b>3-31-26</b>        | Payee name<br><b>Facebook Ads Meta</b>  |   |
| Amount (\$)<br><b>442.00</b>  | Payee address:<br><b>1312 Menlo Park</b><br><input type="checkbox"/> Check if individual's residence address.   |   |
|                               |   | City; State; Zip Code<br><b>Menlo Park CA 94025</b>                                       |
| PURPOSE OF EXPENDITURE        | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>Ads (This reflects fraud charges on the acct. Refund not rec'd yet)</b> |
|                               | <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<br><b>4-1-26</b>         | Payee name<br><b>Google Workspace</b>   |  |
| Amount (\$)<br><b>8.95</b>    | Payee address:<br><b>1600 Amphitheatre Mountain View</b><br><input type="checkbox"/> Check if individual's residence address.                             |  |
|                               |   | City; State; Zip Code<br><b>CA 94043</b> |
| PURPOSE OF EXPENDITURE        | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>domain name</b>        |
|                               | <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

# 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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                            |                                     |                                       |
|----------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><i>Janice Tyler</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><i>4-14-26</i> | 5 Payee name<br><i>Tarrant County Republican Party</i> |
|--------------------------|--|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>225.00</i> | 7 Payee address:<br><i>201 N. Rupert St Ste 117 Fort Worth TX 76107</i> |
|--------------------------------|---|

Check if individual's residence address.

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | (b) Description<br><i>SD10 Convention Ad</i> |
|                          | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |   |
|------------------------|---|
| Date<br><i>4-15-26</i> | Payee name<br><i>Digital Corp Companies</i> |
|------------------------|---|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>433.00</i> | Payee address:<br><i>801 Station Ste 109 Arlington TX 76015</i> |
|------------------------------|---|

Check if individual's residence address.

|                        |   |                                 |
|------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | Description<br><i>Pushcards</i> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                 |

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

|                        |                                    |
|------------------------|------------------------------------|
| Date<br><i>4-16-26</i> | Payee name<br><i>Roger DeFrang</i> |
|------------------------|------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>528.65</i> | Payee address:<br><i>2200 Shady View Ct Arlington TX 76013</i> |
|------------------------------|--|

Check if individual's residence address.

|                        |   |                                       |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Consulting</i>   | Description<br><i>Sign management</i> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Janice Tyler</i>   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><i>4-20-26</i>                                     | <b>5</b> Payee name<br><i>Digital Corp Companies</i>   |  |
| <b>6</b> Amount (\$)<br><i>298.12</i>                               | <b>7</b> Payee address:<br><i>801 Station St 109 Arlington TX 76015</i><br><input type="checkbox"/> Check if individual's residence address.                         |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | <b>(b)</b> Description<br><i>T-shirts</i>                  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <span style="float:right">Office held</span> |

|  |   |                              |             |
|--|---|------------------------------|-------------|
| Date<br><i>4-21-26</i>                                     | Payee name<br><i>Political Print Guru</i>   |                              |             |
| Amount (\$)<br><i>4,452.81</i>                             | Payee address:<br><i>1925 Trade Center Way Suite 1 Naples FL 34109</i><br><input type="checkbox"/> Check if individual's residence address.               |                              |             |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | Description<br><i>mailer</i> |             |
|  | <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<br><i>4-22-26</i>                                     | Payee name<br><i>Political Print Guru</i>   |                              |             |
| Amount (\$)<br><i>7761.37</i>                              | Payee address:<br><i>1925 Trade Center Way Suite 1 Naples FL 34109</i><br><input type="checkbox"/> Check if individual's residence address.               |                              |             |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | Description<br><i>mailer</i> |             |
|  | <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 |

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