



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

RECEIVED	
Date Received	
JAN 13 2026	
BY: <i>plus</i>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

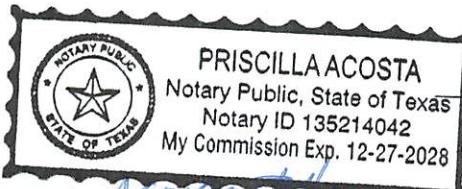
Filer name	Janice Tyler	Filer ID #
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1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the COH report due on January 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Janice Tyler
Signature of Filer

Sworn to and subscribed before me by *Janice Tyler* this the 13 day of January, 2026, to certify which, witness my hand and seal of office.

Priscilla Acosta
Signature of officer administering oath

Printed name of officer administering oath

Administrator Right
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Janice Tyler, and my date of birth is 1-21-1950.
My address is 3705 Pimlico Dr. (street) Arlington (City) TX (state) 76017 (zip code) USA (country).
Executed in Tarrant County, State of Texas, on the 13 day of January, 2026. (month) (year)

Janice Tyler
Signature of Filer/Declarant

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

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:		
3 CANDIDATE / OFFICEHOLDER NAME		MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Janice</i>	MI <i>E.</i>	6		
		NICKNAME <i>Jan</i>	LAST <i>Tyler</i>	SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
		<i>3705 Pimlico Dr. Arlington Tx 76017</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(817)</i>	PHONE NUMBER <i>692-7696</i>	EXTENSION <i>(cell)</i>	Date Received RECEIVED		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Patrick</i>	MI <i>D.</i>	JAN 13 2026		
		NICKNAME	LAST <i>Tyler</i>	SUFFIX	BY: <i>PLM</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			STATE: ZIP CODE		
		<i>3705 Pimlico Dr. Arlington</i>			<i>Tx 76017</i>		
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(817)</i>	PHONE NUMBER <i>239-5604</i>	EXTENSION <i>(cell)</i>	Date Hand-delivered or Date Postmarked		
9 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)		
10 PERIOD COVERED		Month <i>7</i>	Day <i>1</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION		ELECTION DATE <i>5/2/26</i>	Month <i>5</i>	Day <i>2</i>	Year <i>26</i>	ELECTION TYPE <input checked="" type="checkbox"/> Other Description <i>local</i>	
12 OFFICE		OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Trustee Place 6 AISD</i>				
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
			COMMITTEE ADDRESS				
			COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

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	\$ 2400.00
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	\$ 0
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: 2
2 FILER NAME Janice Tyler			3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Full name of contributor Miriam Williamson	<input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$ 100. 00)
	6 Contributor address; [REDACTED]	City: Arlington, Tx 76016 State: Zip Code	
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) self-employed	
Date 11/3/25	Full name of contributor Mamie Johnson	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 100. 00)
	Contributor address; [REDACTED]	City: Fort Worth Tx 76104 State: Zip Code	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Mamie Johnson law	
Date 11/3/25	Full name of contributor Corinne Fossell	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 100. 00)
	Contributor address; [REDACTED]	City: Manchester State: Mo 63021 Zip Code	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 12/12/25	Full name of contributor Barbara Nash	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 100. 00)
	Contributor address; [REDACTED]	City: Arlington Tx 76005 State: Zip Code	
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 <i>Janice Tyler</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Buddy Saunders</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; [REDACTED]	City: <i>Arlington</i> State: <i>TX</i> Zip Code <i>76012</i>		
8 Principal occupation / Job title (See Instructions) <i>Business owner</i>		9 Employer (See Instructions) <i>Lone Star Comics</i>	
Date <i>11/15/25</i>	Full name of contributor <i>Jim O'Sullivan</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>500.00</i>
Contributor address; [REDACTED]	City: <i>St. Louis</i> State: <i>Mo</i> Zip Code <i>63126</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>retired</i>	
Date <i>11/15/25</i>	Full name of contributor <i>Sara Lee Wheeler</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>500.00</i>
Contributor address; [REDACTED]	City: <i>St. Louis</i> State: <i>Mo</i> Zip Code <i>63126</i>		
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.			

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)

\$ 2400.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 2400.00

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 SIGNATURE

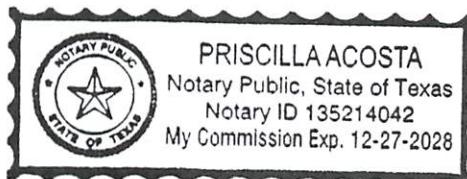
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 13 day of January,
20 20, to certify which, witness my hand and seal of office.

Priscilla Acosta
Signature of officer administering oath

Priscilla Acosta
Printed name of officer administering oath

Adm. Assistant
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Janice Tyler, and my date of birth is 1-21-1950.
My address is 3705 Pimlico Dr., TX, 76017, U.S.A.

Executed in Tarrant County, State of Texas, on the 13th day of January, 20 26.
(street) (city) (state) (zip code) (country)
(month) (year)

Signature of Candidate/Officeholder (Declarant)