

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

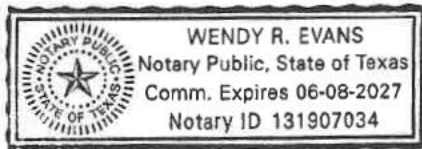
15 C/OH NAME Euan James Blackman		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,557.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,902.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,132.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Euan Blackman this the 2nd day of April

2021 to certify which, witness my hand and seal of office.

Wendy Evans
Signature of officer administering oath

Wendy Evans
Printed name of officer administering oath

Notary
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 Euan Blackman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,504.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,053.81
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,471.69
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 20.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 710.49
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 710.49
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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
Euan Blackman

3 Filer ID (Ethics Commission Filers)

4 Date
02/07/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
Arthur L. Berwald

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Dallas, TX, 75240**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Michelle C. West

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
[REDACTED] **Richardson, TX 75081**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Maria "Terry" Wade

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **Plano, TX 75023**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Winn Fugua

Amount of contribution (\$)

40.00

Contributor address; City; State; Zip Code
[REDACTED] **Richardson, TX 75081**

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.

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
Euan Blackman

3 Filer ID (Ethics Commission Filers)

4 Date
02/15/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael Clay

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED], **Dallas, TX 75204**

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/24/2026

Full name of contributor out-of-state PAC (ID#: _____)
Curry Goff

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **The Colony, TX 75056**

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Amy Phipps

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Richardson, TX 75080**

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Stephen Cervantes

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Garland, TX 75044**

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: **6**

2 FILER NAME
Euan Blackman

3 Filer ID (Ethics Commission Filers)

4 Date
02/07/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
Kenneth Falor

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED], **Carrollton, TX 75007**

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Kemi Adepoju

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], **Seagoville, TX 75259**

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Eric Stengel

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], **Richardson, TX 75081**

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2026

Full name of contributor out-of-state PAC (ID#: _____)
Frederick "Chris" Calitz

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], **Dallas, TX 75206**

3.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 6
2 FILER NAME Euan Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2026	5 Full name of contributor out-of-state PAC (ID#: _____) John and Gail Colwick 6 Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75081	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Jihane Hechaime Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75230	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Kemi Adepoju Contributor address; City; State; Zip Code [REDACTED] Seagoville, TX 75259	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Mercedi Hale Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$) 200.00
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.

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 Euan Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2026	5 Full name of contributor Todd Eich out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75211	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2026	Full name of contributor Marcie Rohleder out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75214	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2026	Full name of contributor Catalina E. Garcia, M.D. out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2026	Full name of contributor Dirk Lockett out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Richardson, TX 75081	Amount of contribution (\$) 300.00
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.

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 Euan Blackman		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Richard McCants 6 Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75081	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	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	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	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Euan Blackman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 02/07/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcie Melanie Rohleder	8 Amount of Contribution \$ 53.81	9 In-kind contribution description printed materials for campaign kickoff
7 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75214		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Senior Director, Consultant		11 Employer (FOR NON-JUDICIAL)(See Instructions) Huron Consulting Group	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Shipp	Amount of Contribution \$ 1,000.00	In-kind contribution description video production
Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75208		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Consultant/Owner		Employer (FOR NON-JUDICIAL)(See Instructions) The Shipp Channel	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: **1**

2 FILER NAME
Euan Blackman

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0.00**

5 Date of loan
02/03/2026

7 Name of lender out-of-state PAC (ID#: _____)
Euan Blackman

9 Loan Amount (\$)
100.00

6 Is lender a financial Institution?
 Y N

8 Lender address; City; State; Zip Code
[REDACTED] **Richardson, TX 75081**

10 Interest rate
0.00

11 Maturity date
02/13/2026

12 Principal occupation / Job title (See Instructions)
Teacher

13 Employer (See Instructions)
Lewisville ISD

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

 not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
 Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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: 4	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
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4 Date 02/13/2026	5 Payee name Euan Blackman
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code [REDACTED] Richardson, TX 75081
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	(b) Description Reimbursed for initial \$100.00 loan to campaign account
	(c) Check if travel outside of Texas. Complete Schedule T. 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
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Date 03/02/2026	Payee name Kayla West
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Amount (\$) 214.72	Payee address; City; State; Zip Code [REDACTED] Richardson, TX 75081
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description web design services
	Check if travel outside of Texas. Complete Schedule T. 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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Date 03/04/2026	Payee name Precision Reprographics
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Amount (\$) 770.63	Payee address; City; State; Zip Code 3102 Benton St., Garland, TX 75042
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description political signs
	Check if travel outside of Texas. Complete Schedule T. 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Keeta 4/2/26 @ 4:31pm

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: 4	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
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4 Date 03/16/2026	5 Payee name Precision Reprographics
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6 Amount (\$) 221.91	7 Payee address; City: State: Zip Code 3102 Benton St., Garland, TX 75042
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description push cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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
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Date 03/13/2026	Payee name Wolfpack Graphic Printing, LLC
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Amount (\$) 305.18	Payee address; City: State: Zip Code 407 International Pkwy #400, Richardson, TX 75081
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description shirts
	Check if travel outside of Texas. Complete Schedule T. 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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Date 03/22/2026	Payee name Euan Blackman
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Amount (\$) 690.49	Payee address; City: State: Zip Code [REDACTED] Richardson, TX 75081
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Reimbursement for website domain hosting, website design platform, and food/beverages expenses paid on personal credit card
	Check if travel outside of Texas. Complete Schedule T. 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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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: 4	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2026	5 Payee name Canva US Inc.	
6 Amount (\$) 97.43	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez St., Building 1, Suite 1300, Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description push cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/08/2026	Payee name Walmart	
Amount (\$) 26.10	Payee address; City; State; Zip Code 9301 Forest Ln, Dallas, TX 75243	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description office supplies, project board display for events
	Check if travel outside of Texas. Complete Schedule T. 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 03/20/2026	Payee name Precision Reprographics	
Amount (\$) 10.83	Payee address; City; State; Zip Code 3102 Benton St., Garland, TX 75042	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description nametag
	Check if travel outside of Texas. Complete Schedule T. 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

Rec'd 4/21/26 @ 4:31pm

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: 4	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Payee name Kroger	
6 Amount (\$) 15.60	7 Payee address; City; State; Zip Code 536 Centennial Blvd, Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/beverage expense	(b) Description Food and beverage expense for campaign event
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/17/2026	Payee name Walgreens	
Amount (\$) 10.80	Payee address; City; State; Zip Code 500 Centennial Blvd, Richardson, TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Photos and poster board for campaign event
	Check if travel outside of Texas. Complete Schedule T. 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 03/05/2026	Payee name TikTok Inc.	
Amount (\$) 8.00	Payee address; City; State; Zip Code 5800 Bristol Parkway, Suite 100, Culver City, CA 90230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description post promotion
	Check if travel outside of Texas. Complete Schedule T. 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 20.00
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	Political	Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	Political	Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME Euan Blackman	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution Mastercard	
6 PAYMENT	(a) Amount Charged \$ 135.80	(b) Date Expenditure Charged 02/06/2026
		(c) Date(s) Credit Card Issuer Paid 02/25/2026
7 PAYEE	(a) Payee name Kroger	(b) Payee address; City, State, Zip Code 536 Centennial Blvd, Richardson, TX 75081
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
	(b) Description food and beverages for campaign kickoff	
	(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
PAYMENT	(a) Amount Charged \$ 45.21	(b) Date Expenditure Charged 02/07/2026
		(c) Date(s) Credit Card Issuer Paid 02/25/2026
PAYEE	(a) Payee name Kroger	(b) Payee address; City, State, Zip Code 536 Centennial Blvd, Richardson, TX 75081
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
	(b) Description food and beverages for campaign kickoff	
	(c) <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
PAYMENT	(a) Amount Charged \$ 253.30	(b) Date Expenditure Charged 02/12/2026
		(c) Date(s) Credit Card Issuer Paid 02/25/2026
PAYEE	(a) Payee name Wix.com LTD	(b) Payee address; City, State, Zip Code Yunitsman 5 Tel Aviv, Israel
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising expenses	
	(b) Description web design platform	
	(c) <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

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME Euan Blackman	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 CREDIT CARD ISSUER	Name of financial institution Mastercard
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6 PAYMENT	(a) Amount Charged \$ 191.75	(b) Date Expenditure Charged 02/11/2026	(c) Date(s) Credit Card Issuer Paid 02/25/2026
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7 PAYEE	(a) Payee name GoDaddy.com LLC	(b) Payee address; City, State, Zip Code 100 S Mill Ave, Suite 1600, Tempe, AZ 85281
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Website domain and hosting
	(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
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PAYMENT	(a) Amount Charged \$ 64.43	(b) Date Expenditure Charged 01/24/2026	(c) Date(s) Credit Card Issuer Paid 02/25/2026
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PAYEE	(a) Payee name GoDaddy.com LLC	(b) Payee address; City, State, Zip Code 100 S Mill Ave, Suite 1600, Tempe, AZ 85281
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Website domain and hosting
	(c) <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
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PAYMENT	(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 01/26/2026	(c) Date(s) Credit Card Issuer Paid 02/25/2026
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PAYEE	(a) Payee name GoodParty.org	(b) Payee address; City, State, Zip Code Los Angeles, CA 90017
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description voter data and information
	(c) <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
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Rec'd 4/12/26 @ 4:21 pm

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3		2 FILER NAME Euan Blackman		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 0.00	
5 CREDIT CARD ISSUER		Name of financial institution Mastercard			
6 PAYMENT		(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 02/26/2026	(c) Date(s) Credit Card Issuer Paid 03/20/2026	
7 PAYEE		(a) Payee name GoodParty.org		(b) Payee address; City, State, Zip Code Los Angeles, CA 90017	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description voter data and information	
		(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
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Political Non-Political		(b) Description	
		(c) <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
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Political Non-Political		(b) Description	
		(c) <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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Euan Blackman	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2026	5 Payee name Mastercard	
6 Amount (\$) 700.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2000 Purchase Street, Purchase, NY 10577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description payment of credit card bill for website domain hosting, website design platform, soliciting/fundraising, and food/beverages expenses on personal credit card
	(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 03/20/2026	Payee name Mastercard	
Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2000 Purchase Street, Purchase, NY 10577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description payment of credit card bill for soliciting/fundraising expenses on personal credit card
	<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	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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