

| CANDIDATE / OFFICEHOLDER<br>CAMPAIGN FINANCE REPORT                 |   |                                      |                                       | FORM C/OH<br>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: 2      |  |                          |   |                      |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                               | MS / MRS / MR<br>MRS<br>NICKNAME  |                                      |                                       | FIRST<br>MEGAN<br>LAST<br>TIMME    | MI<br>B<br>SUFFIX           | OFFICE USE ONLY  |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             | Date Received<br>1/15/2016 @ 3:15pm  |                          |   |                      |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS                 | APT / SUITE #, CITY, STATE; ZIP CODE  |                                      |                                       |                                    |                             |  |                          |   |                      |   |
|   | DALLAS, TX 75248  |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| Change of Address   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                               | AREA CODE   |                                      |                                       | PHONE NUMBER                       | EXTENSION                   |  |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                     | MS / MRS / MR<br>MRS<br>NICKNAME  |                                      |                                       | FIRST<br>PATSY<br>LAST<br>STRINGER | MI<br>SUFFIX                | Date Hand-delivered or Date Postmarked<br>Receipt #   Amount \$<br>Date Processed<br>Date Imaged |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)       | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |                                      |                                       | CITY;                              | STATE;                      | ZIP CODE   |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                    | AREA CODE   |                                      |                                       | PHONE NUMBER                       | EXTENSION                   |  |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 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<br>treasurer appointment<br>(Officeholder Only) |                      |   |
|   | <input type="checkbox"/>  | July 15                              | <input type="checkbox"/>              | 8th day before election            | <input type="checkbox"/>    | Exceeded Modified<br>Reporting Limit   | <input type="checkbox"/> | Final Report (Attach C/OH - FR)   |                      |   |
| 10 PERIOD<br>COVERED  | Month   | Day                                  | Year                                  | THROUGH                            |                             |  | Month                    | Day   | Year                 |   |
|   | 7   | /                                    | 1                                     | /                                  | 25                          |  | 12                       | /   | 31                   | / |
| 11 ELECTION   | ELECTION DATE   |                                      |                                       | ELECTION TYPE                      |                             |  |                          |   |                      |   |
|   | Month   | Day                                  | Year                                  | <input type="checkbox"/>           | Primary                     | <input type="checkbox"/>   | Runoff                   | <input type="checkbox"/>  | Other<br>Description |   |
| 12 OFFICE   | OFFICE HELD (if any)  |                                      |                                       |                                    | 13 OFFICE SOUGHT (if known) |  |                          |   |                      |   |
|   |   |                                      |                                       |                                    |                             |  |                          |   |                      |   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)<br><br>Additional Pages | 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |                                       |                                    |                             |  |                          |   |                      |   |
|   |   | COMMITTEE ADDRESS                    |                                       |                                    |                             |  |                          |   |                      |   |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |                                       |                                    |                             |  |                          |   |                      |   |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |                                       |                                    |                             |  |                          |   |                      |   |
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |
|-------------------------|---|
| 15 C/OH NAME            | 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) \$<br>2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$<br>4. <b>TOTAL POLITICAL EXPENDITURES</b> \$ 0.00   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 467.90  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$  |

**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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

## **(2) Unsworn Declaration**

My name is **MEGAN TIMME** and my date of birth is **[REDACTED]**

My address is **DALLAS TX 75248 DALLAS**

(street) (city) (state) (zip code) (country)

Executed in **DALLAS** County, State of **TEXAS**, on the **15** day of **JANUARY**, **2026**

(month) \_\_\_\_\_ \* (year) \_\_\_\_\_

Signature of Candidate/Officeholder (Declarant)