

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 / MRS / MR	FIRST	MI	OFFICE USE ONLY
	Nazlee			
	NICKNAME	LAST	SUFFIX	Date Received
	Burney			4/2/20 @ 3:31pm Enrolled

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address	Richardson, Texas 75081				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	()			

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mary Jo				
	NICKNAME	LAST	SUFFIX	Date Processed	
	Hedland			Date Imaged	

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	Parker, TX 75002				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	()		

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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	Day	Year	THROUGH	Month	Day	Year
	2	13	26		3	23	26

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	2	26	<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Richardson ISD Trustee District 3

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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

Rec'd 4/21/26 @ 3:31pm
Emailed

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Nazlee Burney		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)	\$ 1563.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1233.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1463.95
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.

Nazlee Burney

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 Nazlee Burney, and my date of birth is ██████████

My address is ██████████, Richardson, TX, 75081, Dallas

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

Executed in Dallas County, State of Texas, on the 2 day of April, 2026

(month) (year)

Nazlee Burney

Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Nazlee Burney

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1563.67
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1233.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zach Bullard <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75082	7 Amount of contribution (\$) \$3.68
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions) Beyond the Slogan
Date 3/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack Simpson <hr/> Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080	Amount of contribution (\$) \$32.08
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) SHOUT3X
Date 3/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Callaway <hr/> Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75081	Amount of contribution (\$) \$105.72
Principal occupation / Job title (See Instructions) Audio Engineer		Employer (See Instructions) TJ Callaway Audio, Inc.
Date 3/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Robbins <hr/> Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75081-4412	Amount of contribution (\$) \$105.72
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.		

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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		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Hurwitz 6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75238	7 Amount of contribution (\$) \$105.72
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Akiba Yavneh Academy
Date 3/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Keiser Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080	Amount of contribution (\$) \$26.82
Principal occupation / Job title (See Instructions) Training		Employer (See Instructions) City of Carrollton
Date 3/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Harper Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75041	Amount of contribution (\$) \$26.82
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Richardson ISD
Date 3/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javaid Karim Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75081	Amount of contribution (\$) \$263.51
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Crescent Realty Group
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H Syed	7 Amount of contribution (\$) \$105.72
6 Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75081		
8 Principal occupation / Job title (See Instructions) Management Consulting		9 Employer (See Instructions) Self
Date 3/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huma Siddiqui	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75081		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meher Malkani	Amount of contribution (\$) \$5.78
Contributor address; City; State; Zip Code [REDACTED] Atascocita TX 77346		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Suarez	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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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		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Gary	7 Amount of contribution (\$) \$16.30
6 Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080		
8 Principal occupation / Job title (See Instructions) Physical therapist		9 Employer (See Instructions) My employer is not affiliated with my voting
Date 3/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farha Yousuf	Amount of contribution (\$) \$263.51
Contributor address; City; State; Zip Code [REDACTED] Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Harrison	Amount of contribution (\$) \$53.12
Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Villamar-Robbins	Amount of contribution (\$) \$79.42
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75231		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fulton Jeang PLLC
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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		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanober Syed	7 Amount of contribution (\$) \$263.51
6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75240		
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Lions Gate Medical
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3/23/26	5 Payee name Donorbox
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6 Amount (\$) 46.13	7 Payee address; [REDACTED] Alexandria, Virginia, 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Platform Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 3/23/26	Payee name Paypal
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Amount (\$) 53.59	Payee address; [REDACTED] San Jose, CA 95131	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/26	5 Payee name Afrah	
6 Amount (\$) 800 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 318 E Main St Richardson Tx 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Food
	(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 3/16/26	Payee name Rockwall Sports Center	
Amount (\$) 433 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 579 E I-30 Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description TShirts
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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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