

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

**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 <u>MS</u> FIRST <u>DEBORAH</u> MI <u>K</u> NICKNAME <u>DEB</u> LAST <u>BAXTER</u> SUFFIX		OFFICE USE ONLY Date Received <u>10/5/26</u> 									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1213 Tupuna Ct Tool Tx 75143</u>		Date Hand-delivered or Date Postmarked <u>10/5/26</u> Receipt # Amount \$ Date Processed <u>10/5/26</u> Date Imaged <u>10/5/26</u>									
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION <u>(214) 675 7083</u>											
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <u>MS</u> FIRST <u>DEBORAH</u> MI <u>K</u> NICKNAME <u>DEB</u> LAST <u>BAXTER</u> SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1213 Tupuna Ct TOOL TX 75143</u>											
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <u>(214) 675 7083</u>											
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 Month Day Year <u>8</u> <u>1</u> <u>26</u> THROUGH <u>10</u> <u>5</u> <u>26</u>											
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description <u>11</u> <u>3</u> <u>26</u> ☒ General ☐ Special											
12 OFFICE		OFFICE HELD (if any) <u>NA</u>		13 OFFICE SOUGHT (if known) <u>City of Tool City Council</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
☐ GENERAL	COMMITTEE ADDRESS												
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME DEB BAXTER		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1318.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (468.70)
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.

Deborah H Baxter

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 **DEBORAH BAXTER**, and my date of birth is [REDACTED]

My address is **1213 Tupuna Ct**, **Toal** (city), **TX** (state), **75143** (zip code), (country)

Executed in **Henderson** County, State of **Texas**, on the **5th** day of **October**, 20**26** (month) (year)

Deborah H Baxter

Signature of Candidate/Officeholder (Declarant)

ORIGINAL

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DEBORAH BAXTER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

- | | | |
|-----|---|----------------------|
| 1. | ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 850 ⁰⁰ |
| 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 | \$ 850 ⁰⁰ |
| 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 | \$ 468.70 |
| 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

ORIGINAL

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 DEBORAH BAXTER		3 Filer ID (Ethics Commission Filers)
4 Date 8-31-26	5 Full name of contributor ☒ out-of-state PAC (ID#: _____) Roxie Harper	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 7427 Charlotte Kansas City Mo 6431		
8 Principal occupation / Job title (See Instructions) lab tech		9 Employer (See Instructions) Labcorp
Date 9-2-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rochelle Sladky	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1717 Plantation Garland TX 75044		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 9-2-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Paula Johnston	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 1802 Parant Court Plano TX 75094		
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) Self
Date 9-3-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sharon Woods	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code Tool TX 75143		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) AG
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

ORIGINAL

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 DEBOLCAN BAXTER		3 Filer ID (Ethics Commission Filers)
4 Date 9-3-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) McKenzie Baxter	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 1226 Lapiano Way Allen TX 75013		
8 Principal occupation / Job title (See Instructions) Esthetician		9 Employer (See Instructions) Self
Date 9-5-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marsha Goforth	Amount of contribution (\$) 50⁰⁰
Contributor address; 48208 City; State; Zip Code 1933 Island Cr Tool TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-5-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Karen Holburn	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) NA
Date 9-10-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kathryn Rinnell	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 1211 Tupuna Ct Tool TX 75143		
Principal occupation / Job title (See Instructions) retired		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

ORIGINAL 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages, Schedule F1: 1		2 FILER NAME DEBORAH BAYTEK		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/26		5 Payee name U2 Marketing			
6 Amount (\$) 745.38		7 Payee address; 5900 Bingle Rd		City; Houston	State; TX
				Zip Code 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Yard signs		
	(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				
Date 9/5/26		Payee name U2 Marketing			
Amount (\$) 104.62		Payee address; 5900 Bingle Rd		City; Houston	State; TX
				Zip Code 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard signs/Banners		
	☐ 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				
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				
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				
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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

ORIGINAL

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>DEBORAH BAXTER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/5/26</i>	5 Payee name <i>DEBORAH BAXTER</i>	
6 Amount (\$) <i>408.70</i> ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1213 Tupuna Ct</i> <i>TOOL</i> <i>TX</i> <i>75143</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <i>signs/yard signs</i>	
(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	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	
☐ 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 (\$) ☐ 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	
☐ 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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