

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 Charles "C.B."	OFFICE USE ONLY <div style="color: red; font-weight: bold; font-size: 1.2em;"> Received by Ellie Garcia Thursday, January 15, 2026 at 2:36PM </div>					
	NICKNAME LAST SUFFIX Team						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 470123 Fort Worth, TX 76147						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bill	Date Received					
	NICKNAME LAST SUFFIX Tinsley	Date Hand-delivered or Date Postmarked					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4420 W Vickery Blvd. Suite 200 Fort Worth TX 76107						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 3357575						
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 Day Year Month Day Year 07 / 01 / 25 THROUGH 12 / 31 / 25						
11 ELECTION	<table style="width:100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year 05 / 06 / 23</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year 05 / 06 / 23	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
ELECTION DATE	ELECTION TYPE						
Month Day Year 05 / 06 / 23	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any) TRWD Board of Directors	13 OFFICE SOUGHT (if known)					
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 Additional Pages	COMMITTEE NAME						
	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

15318.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

258.40

CONTRIBUTION
BALANCE

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

\$

15090.39

OUTSTANDING
LOAN TOTALS

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

\$

2700

18 SIGNATURE

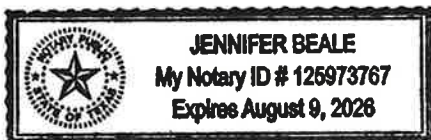
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Charles "C.B." Team this the 15th day of January,
20 26, to certify which, witness my hand and seal of office.

Jennifer Beale

Signature of officer administering oath

Jennifer Beale

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)

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 Charles "C.B." Team		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/25	5 Full name of contributor out-of-state PAC (ID# _____) Mindy Ellmer	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 2101 Ashland Ave, Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self employed
Date 11/4/25	Full name of contributor out-of-state PAC (ID# _____) Catherine Team	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 923 Pioneer Cir. E. Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Bechtel Properties
Date 12/29/25	Full name of contributor out-of-state PAC (ID# _____) Coalition For The Fort	Amount of contribution (\$) \$ 13,318.00
Contributor address; City; State; Zip Code PO Box 101652 Fort Worth, TX 76185		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.

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: 3
2 FILER NAME: Charles "CB" Team		3 Filer ID (Ethics Commission Filers)
4 Date: 11/20/25	5 Full name of contributor: Theo Thompson out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code: 4140 Shadow Dr. FT. Worth, TX 76116	7 Amount of contribution (\$): \$250.00
8 Principal occupation / Job title (See Instructions): Real Estate		9 Employer (See Instructions): Self Employed
Date: 11/19/25	Full name of contributor: Benjamin Keator out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code: 4116 Warrnock Ct., Fort Worth, TX 76109	Amount of contribution (\$): \$250.00
Principal occupation / Job title (See Instructions):		Employer (See Instructions): Self employed
Date: 12/02/25	Full name of contributor: Jonathan Cranz out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code: 3928 Modlin Ave., FT. Worth, TX 76107	Amount of contribution (\$): \$250.00
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Kelly Hart
Date: 11/21/25	Full name of contributor: Tyler Wallach out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code: 4328 Lanark Ave, Ft Worth, TX 76109	Amount of contribution (\$): \$50.00
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Jackson Walker

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Charles "C.B." Team		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/25	5 Full name of contributor Joel Heydenburk out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 2200 Pembroke Dr., Ft. Worth, TX 76110	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jackson Walker LLP
Date 11/20/25	Full name of contributor Morgan Kostohryz out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1512 Thomas Pl., Ft. Worth, TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 11/20/25	Full name of contributor Jeremy Raines out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2313 Ashland Ave., Ft. Worth, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) RMP Industrial Supply
Date 11/19/20	Full name of contributor Amar Tanna out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 6208 Forest Highlands Dr. Ft. Worth, TX 76132	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Barbnet

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

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: <u>3</u>	2 FILER NAME <u>Charles "C.B." Team</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/31/25</u>	5 Payee name <u>USPS</u>	
6 Amount (\$) <u>134.00</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office/overhead/Rental</u>	
	(b) Description <u>Post Office Box Rental</u>	
	(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 <u>11/28/25</u>	Payee name <u>Frost Bank</u>	
Amount (\$) <u>14.00</u>	Payee address; City; State; Zip Code <u>PO Box 16509 Fort Worth, TX 76162</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	
	Description <u>Service Charge Fee</u>	
	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 <u>10/31/25</u>	Payee name <u>Frost Bank</u>	
Amount (\$) <u>14.00</u>	Payee address; City; State; Zip Code <u>PO Box 16509 Fort Worth, TX 76162</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	
	Description <u>Service Charge Fee</u>	
	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

**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
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 3	2 FILER NAME Charles "C.B." Team	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/25	5 Payee name Frost Bank	
6 Amount (\$) 14.00	7 Payee address; City; State; Zip Code PO Box 16509, Fort Worth, TX 76162	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Service Charge Fee
	(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 8/29/25	Payee name Frost Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code PO Box 16509, Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Charge Fee
	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 7/3/25	Payee name Frost Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code PO Box 16509, Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Charge Fee
	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		

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
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: 3	2 FILER NAME Charles "C.B." Team	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Anedot, Inc.	
6 Amount (\$) 62.40	7 Payee address; City; State; Zip Code 1340 Pydras Street Suite 1770 New Orleans, LC 70112 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Merchant Processing fees from 7/1/25 to 12/31/25
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 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 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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