

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 Charles "C.B."			MI		
	NICKNAME LAST Team			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 470123 Fort Worth, TX 76147					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bill			Receipt # Amount \$		
	NICKNAME LAST SUFFIX Tinsley			Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 4420 W Vickery Blvd. Suite 200 Fort Worth TX 76107			STATE; ZIP CODE		
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 07	Day 01	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 05 / Day 06 / Year 23	ELECTION TYPE <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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	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

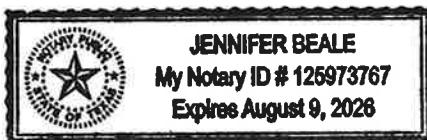
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 11/14/25	5 Full name of contributor Mindy Ellmer	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address: 2101 Ashland Ave., Ft. Worth, TX 76107	City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) Self employed		
Date 11/14/25	Full name of contributor Catherine Team	out-of-state PAC (ID# _____)	Amount of contribution (\$) \$ 250.00
	Contributor address: 923 Pioneer Cir. E. Arlaile, TX 76022-0200	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) Real Estate	Employer (See Instructions) Bechtel Properties		
Date 12/29/25	Full name of contributor Coalition For The Fort	out-of-state PAC (ID# _____)	Amount of contribution (\$) \$ 13,318.00
	Contributor address: PO Box 101652 Fort Worth, TX 76185	City: _____ State: _____ Zip Code: _____	
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: <u>3</u>
2 FILER NAME <u>Charles "CB" Team</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>11/20/25</u>	5 Full name of contributor <u>Theo Thompson</u>	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <u>\$250.00</u>
	6 Contributor address; <u>4140 Shadow Dr.</u>	City: <u>FT. Worth</u> State: <u>TX</u> Zip Code <u>76116</u>	
8 Principal occupation / Job title (See Instructions) <u>Real Estate</u>		9 Employer (See Instructions) <u>Self Employed</u>	
Date <u>11/19/25</u>	Full name of contributor <u>Benjamin Keator</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$250.00</u>
	Contributor address; <u>4116 War Rock Ct.</u>	City: <u>FORT WORTH</u> State: <u>TX</u> Zip Code <u>76109</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>Self employed</u>	
Date <u>12/02/25</u>	Full name of contributor <u>Jonathan Cranz</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$250.00</u>
	Contributor address; <u>3928 Modlin Ave.</u>	City: <u>FT. WORTH</u> State: <u>TX</u> Zip Code <u>76107</u>	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Kelly Hart</u>	
Date <u>11/11/25</u>	Full name of contributor <u>Tyler Wallach</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$50.00</u>
	Contributor address; <u>4328 Lanark Ave.</u>	City: <u>FT. WORTH</u> State: <u>TX</u> Zip Code <u>76109</u>	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Jackson Walker</u>	

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

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

SCHEDULE F1

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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 <i>3</i>	2 FILER NAME Charles "C.B." Team	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/30/25</i>	5 Payee name Frost Bank		
6 Amount (\$) <i>14.00</i>	7 Payee address; PO Box 16509, Fort Worth, TX 76162	City: _____ State: _____ Zip Code: _____	
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 <i>8/29/25</i>	Payee name Frost Bank		
Amount (\$) <i>10.00</i>	Payee address; PO Box 16509, Fort Worth, TX 76162	City: _____ State: _____ Zip Code: _____	
 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 <i>7/31/25</i>	Payee name Frost Bank		
Amount (\$) <i>10.00</i>	Payee address; PO Box 16509, Fort Worth, TX 76162	City: _____ State: _____ Zip Code: _____	
 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

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(3)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 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; 1340 Pydras Street Suite 1770 New Orleans, LC 70112 Check if individual's residence address.	City; State; Zip Code	
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 <i>12/31/25</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 (\$)	Payee address;	City;	State; Zip Code
	Check if individual's residence address.		
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 (\$)	Payee address;	City;	State; Zip Code
	Check if individual's residence address		
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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