



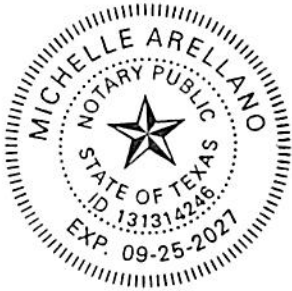
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Misty Wamhoff		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)	\$ 4025.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 66945.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 273.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61880.38

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.

Misty Wamhoff  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Misty Wamhoff this the 24th day of April, 2026, to certify which, witness my hand and seal of office.  
Michelle Arellano Printed name of officer administering oath  
Michelle Arellano Printed name of officer administering oath  
Elections Clerk Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Misty Wamhoff, and my date of birth is 1-17-1978.  
 My address is 1152 Churchill Drive Frisco, TX 75036, Frisco, TX, 75036, US.  
 Executed in Denton County, State of Texas, on the 24 day of April, 2026.  
 Signature of Candidate/Officeholder (Declarant) Misty Wamhoff

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME Misty Wamhoff		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4025.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 21000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 66945.58
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> 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 Misty Wamhoff		3 Filer ID (Ethics Commission Filers)
4 Date 3-24-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Benjamin Bumgarner</b> ..... 6 Contributor address; City; State; Zip Code 5150 Kensington Court Flower Mound, TX 75022	7 Amount of contribution (\$)  \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-24-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeanne Weisz</b> ..... Contributor address; City; State; Zip Code 425 Pinson Road M-59 Forney, TX 75126	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-26-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anik Majumder</b> ..... Contributor address; City; State; Zip Code 1133 Knightsbridge Drive Frisco, TX 75036	Amount of contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-27-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mobin Jiwani</b> ..... Contributor address; City; State; Zip Code 1236 Joseph Street Carrollton, TX 75010	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: 7
2 FILER NAME Misty Wamhoff		3 Filer ID (Ethics Commission Filers)
4 Date 3-28-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Russo 6 Contributor address; City; State; Zip Code 3700 Tunstall Drive Frisco, TX 75036	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-5-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Branch Contributor address; City; State; Zip Code 416 Saddlehorn Drive McKinney, TX 75071	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-6-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahdi Rostamizadez Contributor address; City; State; Zip Code 11500 State Highway 121 Unit 720 Frisco, TX 75035	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-7-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jena Masquelier Contributor address; City; State; Zip Code 3071 Cape Buffalo Trail Frisco, TX 75034	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>7</b>
2 FILER NAME Misty Wamhoff		3 Filer ID (Ethics Commission Filers)
4 Date 4-7-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett Linker ..... 6 Contributor address; City; State; Zip Code 2870 Killdeer Trail Prosper, TX 75078	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-7-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Dalmas ..... Contributor address; City; State; Zip Code 1137 London Drive Frisco, TX 75036	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-7-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Cromack ..... Contributor address; City; State; Zip Code 1432 Yosemite Drive Allen, TX 75002	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-7-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina Adamo-Lamonte ..... Contributor address; City; State; Zip Code 8936 Frostweed Boulevard Frisco, TX 75035	Amount of contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Misty Wamhoff</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-7-2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Drew Patterson</b> ..... 6 Contributor address; City; State; Zip Code <b>3939 Teasley Ln Lot 175 Denton, TX 76210</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4-7-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ronald W. Reazor Jr.</b> ..... Contributor address; City; State; Zip Code <b>1524 Grove Drive Celina, TX 75009</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4-7-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vickie Costa</b> ..... Contributor address; City; State; Zip Code <b>10521 Chablis Lane Frisco, TX 75035</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4-7-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Idar</b> ..... Contributor address; City; State; Zip Code <b>1735 Northstar Road #10106 Denton, TX 76208</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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:  
7

2 FILER NAME  
Misty Wamhoff

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Widman

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4-7-2026

3861 Frio Way Frisco, TX 75034

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Christy Hedgpeth

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-8-2026

1037 Knightsbridge Drive Frisco, TX 75036

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kerri Morris

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-8-2026

9209 Warm Springs Drive Plano, TX 75024

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jackie Wakin

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-8-2026

5938 Indian Blanket Drive Frisco, TX 75036

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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: 7
2 FILER NAME Misty Wamhoff		3 Filer ID (Ethics Commission Filers)
4 Date 4-11-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Williams 6 Contributor address; City; State; Zip Code 360 FM 407 West Argyle, TX 76226	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-12-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Howard Contributor address; City; State; Zip Code 9301 Wichita Trail Frisco, TX 75033	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvin Tillman Contributor address; City; State; Zip Code 767 FM 3442 Valley View, TX 76272	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Parks-Saunders Contributor address; City; State; Zip Code 1800 Castle Drive Flower Mound, TX 75028	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>7</b>
2 FILER NAME <b>Misty Wamhoff</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-21-2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lennea Hartoonian</b> ..... 6 Contributor address; City; State; Zip Code <b>11043 Ruidosa Lane Frisco, TX 75033</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-21-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria and Eric Wade</b> ..... Contributor address; City; State; Zip Code <b>3505 Michael Drive Plano, TX 75023</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-21-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will Kollar</b> ..... Contributor address; City; State; Zip Code <b>1152 Churchill Drive Frisco, TX 75036</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-21-2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denton County Republican Lincoln Cabinet PAC</b> ..... Contributor address; City; State; Zip Code <b>4120 Austin Circle Sanger, TX 76266</b>	Amount of contribution (\$)  <b>\$1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# LOANS

# SCHEDULE E

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 E: 1
2 FILER NAME Misty Wamhoff		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 4-22-2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Misty Wamhoff	9 Loan Amount (\$) \$10,000
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1136 Churchill Drive Frisco, TX 75036	10 Interest rate 0%
		11 Maturity date Payable on demand
12 Principal occupation / Job title (See Instructions) Neuroscience Health Territory Manager		13 Employer (See Instructions) Otsuka Pharmaceutical
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 4-22-2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Misty Wamhoff	Loan Amount (\$) \$11,000
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 1136 Churchill Drive Frisco, TX 75036	Interest rate 0%
		Maturity date Payable on demand
Principal occupation / Job title (See Instructions) Neuroscience Health Territory Manager		Employer (See Instructions) Otsuka Pharmaceutical
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-26-2026	<b>5</b> Payee name Collin County Conservative Republicans	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 250515 Plano, TX 75025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Candidate Table
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3-30-2026	Payee name Community Impact	
Amount (\$) \$363.97	Payee address; City; State; Zip Code PO Box 224423 Dallas, TX 75222-4423 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 3-31-2026	Payee name Dan Stricklin	
Amount (\$) \$1247.00	Payee address; City; State; Zip Code 856 Crystal Lake Drive Frisco, TX 75036 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Canvassing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-1-2026	<b>5</b> Payee name Anchor Bar	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 6129 Main Street Frisco, TX 75034 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Kickoff deposit food and beverage
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4-6-2026	Payee name Alma Hernandez Juarez	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 5500 Preston North Drive Frisco, TX 75034 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Hispanohablantes Community Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4-6-2026	Payee name Geeky Beth	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2900 Skylar Drive Hutchison, KS 67502 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description IT Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-7-2026	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-8-2026	Payee name Facebook	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4-8-2026	Payee name Facebook	
Amount (\$) \$3.92	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: 13	2 FILER NAME Misty Wamhoff	3 Filer ID (Ethics Commission Filers)
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4 Date 4-8-2026	5 Payee name Dan Stricklin
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6 Amount (\$) \$714.00	7 Payee address; City; State; Zip Code 856 Crystal Lake Drive Frisco, TX 75036 <input type="checkbox"/> Check if individual's residence address.
---------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 4-9-2026	Payee name Anchor Bar
------------------	--------------------------

Amount (\$) \$167.04	Payee address; City; State; Zip Code 6129 Main Street Frisco, TX 75034 <input type="checkbox"/> Check if individual's residence address.
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Kickoff food and beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 4-9-2026	Payee name Facebook
------------------	------------------------

Amount (\$) \$4.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-10-2026	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4-10-2026	Payee name Facebook	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4-13-2026	Payee name Facebook	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-13-2026	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$4.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4-13-2026	Candidate / Officeholder name YT AD Service	
Amount (\$) \$1500.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code 354 Oyster Point Boulevard South San Francisco, CA 94080 Payee address; <input type="checkbox"/> Check if individual's residence address.	
	Category (See Categories listed at the top of this schedule) Advertising Expense	Description YouTube Commercial
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4-15-2026	Candidate / Officeholder name Mustang Strategies LLC	
Amount (\$) \$3356.52	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code 8745 Gary Burns Drive Suite 160 Frisco, TX 75034 <input type="checkbox"/> Check if individual's residence address.	
	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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            | 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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-20-2026	<b>5</b> Payee name YT AD Service	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point Boulevard South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Google Display Ads
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-20-2026	Payee name CAZ Consulting	
Amount (\$) \$2079.92	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4-20-2026	Payee name CAZ Consulting	
Amount (\$) \$10,751.80	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: <b>13</b>	2 FILER NAME <b>Misty Wamhoff</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-20-2026</b>	5 Payee name <b>Mustang Strategies LLC</b>
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6 Amount (\$) <b>\$5,500.00</b>	7 Payee address; City; State; Zip Code <b>8745 Gary Burns Drive Suite 160 Frisco, TX 75034</b> <input type="checkbox"/> Check if individual's residence address.
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Data Package</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>4-21-2026</b>	Payee name <b>Rosa's Cafe &amp; Tortilla Factory</b>
Amount (\$) <b>\$90.82</b>	Payee address; City; State; Zip Code <b>8299 FM-423 Frisco, TX 75034</b> <input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Poll Greeters breakfast</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date <b>4-21-2026</b>	Payee name <b>Facebook</b>
Amount (\$) <b>\$19.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b> <input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 Expense	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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Misty Wamhoff</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4-20-2026</b>	<b>5</b> Payee name <b>Facebook</b>	
<b>6</b> Amount (\$) <b>\$13.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>4-20-2026</b>	Payee name <b>Signarama Frisco</b>	
Amount (\$) <b>\$1069.10</b>	Payee address; City; State; Zip Code <b>9410 Dallas Parkway Suite 160 Frisco, TX 75033</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs and Marketing Materials</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>4-20-2026</b>	Payee name <b>Signarama Frisco</b>	
Amount (\$) <b>\$2452.95</b>	Payee address; City; State; Zip Code <b>9410 Dallas Parkway Suite 160 Frisco, TX 75033</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs and Marketing Materials</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-21-2026	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-22-2026	Payee name YT AD Service			
Amount (\$) \$5000.00	Payee address; 354 Oyster Point Boulevard South San Francisco, CA 94080 <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description YouTube Commercial
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 4-22-2026	Payee name Facebook			
Amount (\$) \$22.00	Payee address; 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Warnhoff	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-22-2026	<b>5</b> Payee name Mustang Strategies LLC	
<b>6</b> Amount (\$) \$13,684.97	<b>7</b> Payee address; City; State; Zip Code 8745 Gary Burns Drive Suite 160 Frisco, TX 75034 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Mailer
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4-22-2026	Candidate / Officeholder name CAZ Consulting	
Amount (\$) \$9763.13	City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4-22-2026	Candidate / Officeholder name CAZ Consulting	
Amount (\$) \$3735.74	City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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	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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-20-2026	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$16.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-20-2026	Payee name Facebook
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Amount (\$) \$13.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 4-22-2026	Payee name Facebook
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Amount (\$) \$22.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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**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	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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Misty Wamhoff	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-22-2026	<b>5</b> Payee name CAZ Consulting
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<b>6</b> Amount (\$) \$1909.78	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Text Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-22-2026	Payee name CAZ Consulting
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Amount (\$) \$1838.72	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth, TX 76109 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-14-2026	Payee name Anedot Inc.
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Amount (\$) \$116.20	Payee address; City; State; Zip Code 3723 Greenville Ave. #41002 Dallas, TX 75206-5311 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Contribution Transaction Fees 3-24-2026 thru 4-22-2026
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED