

# 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 <i>Mrs.</i>	FIRST <i>Lynda</i>	MI <i>K</i>	RECEIVED Date Received <i>JAN 29 2026</i> <i>WW</i> CITY SECRETARY		
	NICKNAME <i>Isbell</i>	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>2000 E Ennis Ave. Tx 75119</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(214)</i>	PHONE NUMBER <i>876-7759</i>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Linda</i>	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME <i>Rudd</i>	LAST	SUFFIX	Receipt #   Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>328 Log Cabin Rd. Ennis, Tx 75119</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>796 - 8197</i>	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 <i>1</i>	Day <i>16</i>	Year <i>26</i>	Month <i>1</i>	Day <i>29</i>	Year <i>26</i>
11 ELECTION	ELECTION DATE Month Day Year <i>1 / 31 / 26</i>			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>City of Ennis Mayor Pro Tem</i>			13 OFFICE SOUGHT (if known) <i>City of Ennis Mayor</i>		
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.					
<input type="checkbox"/> 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

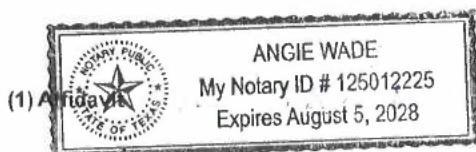
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS		
1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 859.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 352.14
CONTRIBUTION BALANCE		
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2400.00

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.

*Lynda Isbell*

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Lynda Isbell* on this the 29 day of January, 2028, to certify which, witness my hand and seal of office.

*Angie Wade* Signature of officer administering oath

*Angie Wade* Printed name of officer administering oath

*City Secretary 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)

*Lynda Isbell* 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			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <i>Carol Hightower</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code <i>Ennis Tx 75119</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor <i>Cyndi Unett Svrttek</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>30.00</i>
	Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code <i>Ennis Tx 75119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor [REDACTED]	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor [REDACTED]	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$)
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
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.			

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME  
*Lynda Isbell*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 130.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 729.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 252.14
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	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Butch &amp; Jan McLellan</b> )	8 Amount of Contribution \$ 729.00 9 In-kind contribution description <b>Newspaper</b>
	7 Contributor address; City; State; Zip Code <b>[REDACTED] Ennis Tx 75119</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule B:
<p>2 FILER NAME</p>				3 Filer ID (Ethics Commission Filers)
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>				\$
5 Date	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>7 Pledgor address: _____ City: _____ State: _____ Zip Code _____</p>			<p>8 Amount of Pledge \$</p> <p>9 In-kind contribution description</p>
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>10 Principal occupation / Job title (See Instructions)</p>			<p>11 Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address: _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address: _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address: _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<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>				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lynda Isbell</i>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name <i>First Graphics</i>		
6 Amount (\$) <i>252.14</i>	7 Payee address; <i>229 Garren</i>	City; <i>Garland</i> State; <i>Tx</i> Zip Code <i>75040</i>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Signs</i>	(b) Description  <i>advertising</i>	
	(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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

## LOANS

## SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>			<p><b>1</b> Total pages Schedule E:</p>
<p><b>2</b> FILER NAME <i>Lynda Isbell</i></p>			<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED LOANS</p>			<p><b>\$</b> <i>100.00</i></p>
<p><b>5</b> Date of loan</p>	<p><b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p><i>Lynda Isbell</i></p>		<p><b>9</b> Loan Amount (\$)</p>
<p><b>6</b> Is lender a financial institution?  <i>Y N</i></p>	<p><b>8</b> Lender address; City; State; Zip Code <i>2000 E Ennis Ave Ennis Tx 75119</i></p>		<p><b>10</b> Interest rate</p>
			<p><b>11</b> Maturity date</p>
<p><b>12</b> Principal occupation / Job title (See Instructions) <i>Contractor</i></p>		<p><b>13</b> Employer (See Instructions) <i>Self-employed</i></p>	
<p><b>14</b> Description of Collateral  <input type="checkbox"/> none</p>		<p><b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p><b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable</p>	<p><b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code</p>		<p><b>19</b> Amount Guaranteed (\$)</p>
<p><b>20</b> Principal Occupation (See Instructions)</p>		<p><b>21</b> Employer (See Instructions)</p>	
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Loan Amount (\$)</p>
<p>Is lender a financial institution?  <i>Y N</i></p>	<p>Lender address; City; State; Zip Code</p>		<p>Interest rate</p>
			<p>Maturity date</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Description of Collateral  <input type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>GUARANTOR INFORMATION  <input type="checkbox"/> not applicable</p>	<p>Name of guarantor  Guarantor address; City; State; Zip Code</p>		<p>Amount Guaranteed (\$)</p>
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.