

# 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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Rebecca	MI E	OFFICE USE ONLY <b>RECEIVED</b>		
	NICKNAME Becky	LAST McCarty	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE 1103 Mount Vernon, Ennis, TX 75119					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972 )	PHONE NUMBER 971-2262	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Melanie	MI D	Date Received  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME Rankin	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY; STATE; ZIP CODE 8235 FM 1181, Ennis, TX 75119					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 214 )	PHONE NUMBER 476-9583	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 11	Day 18	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 1 / Day 31 / Year 26		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)			13 OFFICE SOUGHT (if known) Mayor of Ennis		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

**15** C/OH NAME  
Becky McCarty

**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)	\$ 0.00
2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,772.38
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 3,010.47
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 489.53
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Rebecca E McCarty, and my date of birth is 8/15/1966.  
My address is 1103 Mt Vernon, Ennis, TX, 75119 USA.

(street) (city) (state) (zip code) (country)

Executed in Ellis County, State of Texas, on the 31 day of December, 2025.  
(month) (year)

Becky McCarty  
Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME Becky McCarty	<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	\$ 3,500.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,272.38
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,629.98
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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: 1
<b>2 FILER NAME</b> Becky McCarty			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 11/21/2025	<b>5 Full name of contributor</b> Jeffry Krebs	<b>6 Contributor address;</b> [REDACTED] Arlington, TX 76015	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> William Bryce Anderson	<b>out-of-state PAC (ID#)</b> Contributor address; [REDACTED] City; [REDACTED] State; [REDACTED] Zip Code [REDACTED] Ennis, TX 75119	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 12/12/2025	<b>Full name of contributor</b> Michael Eberle	<b>out-of-state PAC (ID#)</b> Contributor address; [REDACTED] City; [REDACTED] State; [REDACTED] Zip Code [REDACTED] Porter, TX 77365	<b>Amount of contribution (\$)</b> <b>1,500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#)</b>	<b>Amount of contribution (\$)</b>
	Contributor address;	City; [REDACTED] State; [REDACTED] Zip Code [REDACTED]	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

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

# 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: <b>1</b>
<b>2 FILER NAME</b> Becky McCarty		<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$ 822.38</b>
<b>5 Date</b> 12/03/2025	<b>6 Full name of contributor</b> Kevan Alger  <b>7 Contributor address;</b> City; State; Zip Code [REDACTED] Ennis, TX 75119	<b>8 Amount of Contribution \$</b> 372.38  <b>9 In-kind contribution description</b> Yard Signs  Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions) R&D		<b>11 Employer (FOR NON-JUDICIAL)</b> (See Instructions) CertainTeed
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)</b> (See Instructions)
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> Amelia Valdez  <b>Contributor address;</b> City; State; Zip Code [REDACTED] TX 75119	<b>Amount of Contribution \$</b> 450.00  <b>In-kind contribution description</b> Billboards  Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See Instructions) Realtor		<b>Employer (FOR NON-JUDICIAL)</b> (See Instructions) Amelia Valdez City Real Estate En Espanol
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See Instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<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.		

# 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: 3	2 FILER NAME Becky McCarty	3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2025	5 Payee name Arlene Honza		
6 Amount (\$) 988.07	7 Payee address: 9135 FM 1181, Ennis, TX 75119 <small>Check if individual's residence address.</small>	City: _____ State: _____ Zip Code _____	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Yard Signs	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/04/2025	Payee name XL Digital		
Amount (\$) 192.00	Payee address: 11625 Columbia Center Dr., STE 200, Dallas, TX 75229 <small>Check if individual's residence address.</small>	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Parade Banners	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/15/2025	Payee name Tractor Supply		
Amount (\$) 45.35	Payee address: 300 I-45, Ennis, TX 75119 <small>Check if individual's residence address.</small>	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  T-Posts	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 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 Becky McCarty	3 Filer ID (Ethics Commission Filers)	
4 Date 12/29/2025	5 Payee name Tractor Supply		
6 Amount (\$) 45.35	7 Payee address; 300 I-45, Ennis, TX 75119 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  T-Posts	
	(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 12/29/2025	Payee name Wix.com Inc		
Amount (\$) 49.79	Payee address; 100 Gansevoort Street, New York, NY 10014 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Website Hosting	
	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 12/30/2025	Payee name Wix.com Inc		
Amount (\$) 9.09	Payee address; 100 Gansevoort Street, New York, NY 10014 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead Expense	Description  Email Hosting	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/2025	5 Payee name Arlene Honza		
6 Amount (\$) 1,300.33	7 Payee address; 9135 FM 1181, Ennis, TX 75119 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Yard Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.  <small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <i>Becky McCarty</i>	Filer ID #
------------------------------------	------------

**RECEIVED**  
OFFICE USE ONLY

Date Received <i>BB</i> JAN 02 2026	
City of Ennis Deputy City Secretary	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

\_\_\_\_\_  
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Becky McCarty, and my date of birth is 8/15/1964.  
My address is 1103 Mt Vernon, Ennis, TX, 75119 USA.  
Executed in Ells County, State of Texas, on the 31 day of Dec, 2025.

*Becky McCarty*  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**