

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: 10 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms | FIRST Lauren | MI N | OFFICE USE ONLY | | |
| | NICKNAME | LAST Barron | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1454 Country Club Rd. San Angelo TX 76904 | | | | JAN 12 2026 | |
| | | | | Date Hand-delivered or Date Postmarked | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (325) | PHONE NUMBER 245-6480 | EXTENSION | Receipt # | Amount \$ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Todd | MI | Date Processed | | |
| | NICKNAME | LAST Dornhecker | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 4753 Royal Troon Dr San Angelo | | | | STATE; ZIP CODE TX 76904 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (325) | PHONE NUMBER 374-3449 | EXTENSION | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | |
| 10 PERIOD COVERED | Month 7 | Day 1 | Year 2025 | Month 12 | Day 31 | Year 2025 |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 3 / 2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) County Clerk's Office | | |
| 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 COMMITTEE NAME <input type="checkbox"/> GENERAL <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 | Lauren Barron | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS \$ 2025 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 300 | |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1725 | |
| CONTRIBUTION BALANCE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 208.67 | |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES | \$ 1259.19 | |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 557.14 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | |

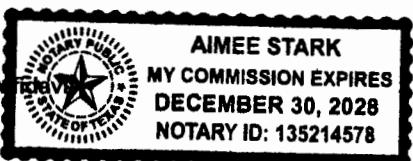
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) AIMEE STARK
NOTARY PUBLIC
STATE OF TEXAS
MY COMMISSION EXPIRES
DECEMBER 30, 2028
NOTARY ID: 135214578



NOTARY STAMP/SEAL

Subscribed and sworn before me this
12th day of January, 2026
Aimee Stark
Notary Public

Sworn to and subscribed before me by Lauren Barron this the 12th day of January, 2026, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

| | | |
|--|---|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) | |
| Lauren Barron | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2025.00 | |
| 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 | \$ 750.00 | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1407.80 | |
| 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 Lauren Barron | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/10/25 | 5 Full name of contributor Omar + Taylor Herrera | | | 6 Contributor address; City; State; Zip Code 9922 E. Carlsbad Loop Carlsbad TX 76901 |
| 7 Amount of contribution (\$) \$125 | | | | |
| 8 Principal occupation / Job title (See Instructions) Lineman | | | | 9 Employer (See Instructions) Concho Valley Electric Cooperative |
| Date 12/8/25 | Full name of contributor Jana Weatherby | | | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code Confidential | | | | |
| Principal occupation / Job title (See Instructions) N/A | | | | Employer (See Instructions) |
| Date 12/8/25 | Full name of contributor Allie + John Owens | | | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code 2759 Duna Dr. San Angelo TX 76904 | | | | |
| Principal occupation / Job title (See Instructions) Student | | | | Employer (See Instructions) |
| Date 12/8/25 | Full name of contributor Caroline Weatherby | | | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code 3302 Lindenwood San Angelo TX 76904 | | | | |
| Principal occupation / Job title (See Instructions) Child Care | | | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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.

| | | | | |
|---|--|--|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A1:</p> |
| <p>2 FILER NAME Lauren Barron</p> | | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date 12/10/25</p> | <p>5 Full name of contributor Danielle Lewis</p> | <p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p> | | <p>7 Amount of contribution (\$) \$125</p> |
| | <p>6 Contributor address; 1335 Falcon Dr</p> | <p>City; Lewisville</p> | <p>State; TX</p> | <p>Zip Code 75077</p> |
| <p>8 Principal occupation / Job title (See Instructions) Grants Manager</p> | | | <p>9 Employer (See Instructions) Grantworks</p> | |
| <p>Date 12/10/25</p> | <p>Full name of contributor Ben Weatherby</p> | <p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p> | | <p>Amount of contribution (\$) \$125</p> |
| | <p>Contributor address; 1335 Falcon Dr.</p> | <p>City; Lewisville</p> | <p>State; TX</p> | <p>Zip Code 75077</p> |
| <p>Principal occupation / Job title (See Instructions) Director of business development</p> | | | <p>Employer (See Instructions) Professional Rps</p> | |
| <p>Date 12/23/25</p> | <p>Full name of contributor Gabriella Delgado</p> | <p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p> | | <p>Amount of contribution (\$) \$200</p> |
| | <p>Contributor address; 6057 Winners Circle</p> | <p>City; San Angelo</p> | <p>State; TX</p> | <p>Zip Code 76904</p> |
| <p>Principal occupation / Job title (See Instructions) Account Executive</p> | | | <p>Employer (See Instructions) BILL</p> | |
| <p>Date 12/25/25</p> | <p>Full name of contributor Shelly Timm</p> | <p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p> | | <p>Amount of contribution (\$) \$200</p> |
| | <p>Contributor address; 3805 42nd St</p> | <p>City; Lubbock</p> | <p>State; TX</p> | <p>Zip Code 79413</p> |
| <p>Principal occupation / Job title (See Instructions) Portfolio Accountant</p> | | | <p>Employer (See Instructions) Holladay</p> | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | | |

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 Lauren Barron | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/17/25 | 5 Full name of contributor Madison + Kirby Kellermeyer | <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) \$200.00 |
| | 6 Contributor address; 2688 S. 3rd Road | City; San Angelo State; TX Zip Code 76905 | |
| 8 Principal occupation / Job title (See Instructions) Self Employed / owner | | 9 Employer (See Instructions) Revival Boutique | |
| Date 11/11/25 | Full name of contributor Sandi Kenney | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$100.00 |
| | Contributor address; 909 Avondale | City; San Angelo State; TX Zip Code 76904 | |
| Principal occupation / Job title (See Instructions) Court Administrator | | Employer (See Instructions) Tom Green County | |
| Date 12/5/25 | Full name of contributor Richard Barron | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$100.00 |
| | Contributor address; 40k sellers | City; San Angelo State; TX Zip Code 76903 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 11/10/25 | Full name of contributor John & Cindy Lewis | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$100.00 |
| | Contributor address; 3821 Trident trail | City; San Angelo State; TX Zip Code 76904 | |
| Principal occupation / Job title (See Instructions) Retired | | 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.

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 <i>Lauren Barron</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ |
| 5 Date <i>11/10/25</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donnie Dorsey</i>) | 8 Amount of Contribution \$ <i>\$100</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 7 Contributor address; <i>2701 Shamrock</i> | City; State; Zip Code <i>San Angelo TX 76903</i> | 9 In-kind contribution description <i>Harderves for announcement</i> |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business owner</i> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Mesquite Bean Cafe</i> |
| 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 <i>11/10/25</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alyssa Barron</i>) Contributor address; City; State; Zip Code <i>1454 Country Club Rd. San Angelo TX 76904</i> | Amount of Contribution \$ <i>\$180.00</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Front Desk Receptionist</i> | | Employer (FOR NON-JUDICIAL)(See Instructions) <i>Barrons Body Shop</i> |
| 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. | | |

**NON-MONETARY (IN-KIND)
POLITICAL CONTRIBUTIONS**

SCHEDULE A2

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>1 Total pages Schedule A2:</p> |
| <p>2 FILER NAME <i>Lauren Barron</i></p> | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | <p>\$</p> |
| <p>5 Date 11/10/25</p> | <p>6 Full name of contributor <i>Gabriella Delgado</i></p> <p>7 Contributor address; City: State: Zip Code <i>10057 Winners Circle San Angelo TX 76904</i></p> | <p>8 Amount of Contribution \$ <i>\$75.00</i></p> <p>9 In-kind contribution description <i>Tea for announcement</i></p> |
| <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> | | |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>BILL</i></p> | | <p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |
| <p>Date 11/10/25</p> <p>Full name of contributor <i>Ofelia Barron & Richard Barron</i></p> <p>Contributor address; City: State: Zip Code <i>1454 Country Club Rd San Angelo TX 76904</i></p> | | <p>Amount of Contribution \$ <i>\$150.00</i></p> <p>In-kind contribution description <i>Cups, dips, chips for announcement</i></p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>BUSINESS OWNER</i></p> | | <p>Employer (FOR NON-JUDICIAL)(See Instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | |
|--|---|--|---|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Lauren Barron</i> | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date <i>12/14/2025</i> | 5 Payee name <i>Build A Sign</i> | | | |
| 6 Amount (\$) <i>\$1,259.19</i> | 7 Payee address: <i>11525A Stonehollow Dr. Suite 120</i> | City: <i>Austin</i> State: <i>TX</i> Zip Code <i>78758</i> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Signage</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 | | | |
| PURPOSE OF EXPENDITURE | 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 | | | |
| PURPOSE OF EXPENDITURE | 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |