

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 Mr Donald E
 NICKNAME LAST SUFFIX
 Donny Marrs

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 200 Myrtie Dr. Shepherd TX 77371
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (281) 593-9817

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Mrs Desiray E
 NICKNAME LAST SUFFIX
 Langston

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;
 101 Paulas Place Shepherd, TX 77371
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (832) 762-1133

9 REPORT TYPE
 January 15 30th day before election Runoff
 July 15 6th day before election Exceeded Modified Reporting Limit

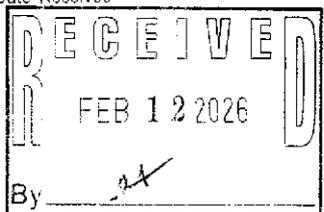
10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year

11 ELECTION
 ELECTION DATE: Month Day Year
 ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)
 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
 COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

 By *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

STATE: ZIP CODE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

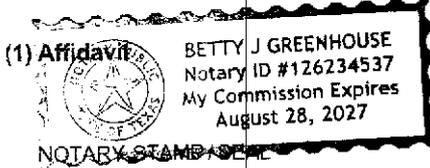
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$
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		\$

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.

Don Man

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by _____ this the 12 day of Feb.
2026 to certify which, witness my hand and seal of office.
Betty Greenhouse Betty Greenhouse Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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 F-115)

Donald Marrs

21 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT
NAME OF SCHEDULE

1.	<input type="checkbox"/>	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$	<i>0</i>
2.	<input type="checkbox"/>	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	<i>0</i>
3.	<input type="checkbox"/>	SCHEDULE B PLEDGED CONTRIBUTIONS	\$	<i>0</i>
4.	<input type="checkbox"/>	SCHEDULE E LOANS	\$	<i>0</i>
5.	<input type="checkbox"/>	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>50.00</i>
6.	<input type="checkbox"/>	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$	<i>0</i>
7.	<input type="checkbox"/>	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>0</i>
8.	<input type="checkbox"/>	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$	<i>0</i>
9.	<input type="checkbox"/>	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	<i>0</i>
10.	<input type="checkbox"/>	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	<i>0</i>
11.	<input type="checkbox"/>	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>0</i>
12.	<input type="checkbox"/>	SCHEDULE K INTEREST CREDITS GAINS REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$	<i>0</i>

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/Postal Expenses
Printing Expense
Salaries/Wages/Contract Labor

Signage/Printing 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

3 Filer ID (Ethics Commission Filer)

Donald Marrs

4 Date

5 Payee name

Jan 13, 2026

6 Amount (\$)

7 Payee address

City

State

Zip Code

\$50.00

Check if individual's residential address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description
2024 meet the candidates.

Event Expense

(c) Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX, or candidate's home address

9 Complete ONLY if direct expenditure to benefit C.O.H.

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address

City

State

Zip Code

Check if individual's residential address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX, or candidate's home address

Complete ONLY if direct expenditure to benefit C.O.H.

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address

City

State

Zip Code

Check if individual's residential address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule F

Check if Austin, TX, or candidate's home address

Complete ONLY if direct expenditure to benefit C.O.H.

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED