CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages file	9-10
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs	FIRST Tanya	MI			USE ONLY
NAME	NICKNAME	LAST Wright	SL	JFFIX	Date Regalized	EOVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; Redacted for web pos		CITY; STATE; ZII	P CODE	By	2 5 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE Redacted for web pos	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs	FIRST Chrissy	M		Date Processed	
NAME	NICKNAME	LAST Mallouf	Şl	UFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO Redacted for web po) PO BOX PLEASE); APT / S sting	UITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(940)	206-7555	EXTENSION			
9 REPORT TYPE	Jenuary 15	30th day before e	election Runoff		15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ection Exceeder Reporting	d Modified g Limil	Final Repor	(Attach C/OH - FR)
10 PERIOD COVERED	Month 3	Day Year / 25 / 25	THROUGH	Month 4	Day Year / 23 / 25	
11 ELECTION	Month Day 5 / 3	Year Primary 25 General	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUR		ool Board, F	Place 3
14 NOTICE FROM POLITICAL	The same of the sa	THE PART OF THE PA	ACCEPTED OR POLITICAL EXPI S MAY HAVE BEEN MADE WITH IRED TO REPORT THIS INFORMA	OUT THE CAN	DIDATES OR DEFICEBUL	DEK 3 KNUWLEDGE OK
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Tanya Wright		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)	\$ 0.03
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,586.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 614.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Redacted for web posting	rivo
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	v:
(1) Affidavit	S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2028 NOTARY ID 5591558	
NOTARY STAMP/SEA	L	0
Sworn to and subscribed	before me by Tanya Wright this the	25th day of April
20, to certify Redacted for web postin	which, witness my hand and seal of office.	Mother
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	·
My address is		
	(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 anya Wright	Filer ID (Ethics Commission	n Filers)	
-	SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		1,586.39	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		valita si i	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON-	TRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$		
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 5
² FILER NAME Tanya Wr	ight			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Cash - no info given	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/10/2025	6 Contributor address;	City;	State; Zip Code	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/23/2025	Elizabeth Warren			50.00
04/20/2020	Contributor address; Redacted for web posting	City;	State; Zip Code	50.00
	Troubled for the posting	dento	n tx 76209	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/31/2025	Greg Sawko			250 00
03/3 1/2023	Contributor address;	City;	State; Zip Code	350.00
	Redacted for web posting	Denton TX	76210	
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/04/0005	Judith Giese			100 00
04/04/2025	Contributor address; Redacted for web posting	City;	State; Zip Code	100.00
	Troductor for Wob posting	Denton	TX 76205	5
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT	ONAL COPIES , please see Instr	OF THIS SCHEDULE AS I	NEEDED reporting requirements.

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 Tanya Wrig		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Elizabeth Johnson	7 Amount of contribution (\$)	
3/31/25	6 Contributor address; City; State; Zip Code Redacted for web posting Corinth TX 76210	500	
8 Principal occu	ppation / Job title (See Instructions) 9 Employer (See Instructions)	etions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/2/25	Rebecca Bertoni Contributor address; City; State; Zip Code Redacted for web posting Argyle TX 76226	100	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:) Penny and Leon Oliver	Amount of contribution (\$)	
4/11/25	Contributor address; City; State; Zip Code Redacted for web posting Denton TX 76209	25	
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/12/25	Carol Rowley Contributor address; City; State; Zip Code Redacted for web posting Denton TX 76205	100	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	 ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

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

SCHEDULE A1

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

If the requested information is not applicable, bo NOT include this page in the report						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME Tanya Wrig	ht		3 Filer ID (Ethics Commission Filers)			
4 Date	Amber Briggle	C (ID#:)	7 Amount of contribution (\$)			
4/13/25	6 Contributor address; City; State; Zip Code Redacted for web posting Denton TX 76201		25			
8 Principal occu Business Own	pation / Job title (See Instructions)	Employer (See Instruct Soma Masssage	ions)			
Date		C (ID#:)	Amount of contribution (\$)			
4/14/25	Contributor address; City;	State; Zip Code	100			
Principal occupation / Job title (See Instructions) Exec Director Employer (See Instructions) DISD			tions)			
Date Date	Full name of contributor out-of-state PA Caleb Norris	C (ID#:)	Amount of contribution (\$)			
4/15/25	Contributor address; City;	State; Zip Code on TX 76209	25			
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date		C (ID#)	Amount of contribution (\$)			
4/15/25	Anna Lam Contributor address; City; Redacted for web posting Dento	State; Zip Code	100			
Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instruc	tions)			

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

SCHEDULE A1

Revised 1/1/2025

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

II the reques	sted information is not applicab			•
The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Tanya Wrig	ht			3 Filer ID (Ethics Commission Filers)
4 Date	Lara Tomlin		7 Amount of contribution (\$)	
4/17/25	6 Contributor address; Redacted for web posting	City; State; Zip Code Denton TX 76201		25
8 Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instruct Denton County	ions)
Date	Date Full name of contributor Dalton Gregory Contributor address; Redacted for web posting Out-of-state PAC (ID#:			Amount of contribution (\$)
4/19/25			State; Zip Code	50
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/21/25	Contributor address; Redacted for web posting	City; State; Zip Code Denton TX 76209		50
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Cherly Furdge	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/22/25	Contributor address; Redacted for web posting	City;	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	rabioy	Employer (See Instruc	tions)

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Forms provided by Texas Ethics Commission

SCHEDULE A1

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

Will Toque					
The	e Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Tanya Wrig				3 Filer ID (Ethics Commission Filers)	
4 Date	Cash - no info given		7 Amount of contribution (\$)		
4/10/25	6 Contributor address;	City;	State; Zip Code	200.00	
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor Elizabeth Warren	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/23/25	Contributor address;	city; lenton tx	State; Zip Code	50	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/31/25	Greg Sawko Contributor address; Redacted for web posting	Dento	State; Zip Code n TX 76210	350	
Principal occi Attorney	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor Judith Giese	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/4/25		City;	State; Zip Code	100	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)	
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE AS N	NEEDED	

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME Tanya Wrig	ht		3 Filer ID (Ethics Commission Filers)	
4 Date 4/10/25	5 Full name of contributor out-of-state P Cash - no info given 6 Contributor address; City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date		PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;			
Principal occupation / Job title (See Instructions) Employer (See I			tions)	
Date	Full name of contributor out-of-state F	PAC (ID#)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date		PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	I pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
		·		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

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vas Ethics Commission www.ethics.state.tx.us

Revised 1/1/2025

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

Event Expense Fees Food/Beverage Expense Glft/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)

Cledic Card Payment	The Instruction Guide explains how to c	omplete this form.	*	
1 Total pages Schedule F1:	2 FILER NAME Tanya Wright	3 Filer ID (Ethics Commi		Commission Filers)
4 Date	5 Payee name			
04/23/2025	Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
34.08				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	CC processing	g fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/14/2025	One Source Productions			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,034.87	2009 Greenstone Trl Carrollton TX 75	5010		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/23/2025	One Source Productions			
Amount (\$)	Payee address;	City;	State;	Zip Code
517.44	2009 Greenstoen Trl Carrollton TX 75	5010		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas, Complete Schedule T,	Check if Aus	itin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	