CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13

OFFICE USE ONLY
FILED FOR RECORD
MARION COUNTY, TEXAS
Date Received: OCT 26 2026
KAREN G. JONES
COUNTY ELECTIONS OFFICER
Date Hand-delivered or Date Postmarked: 10/26/2026
Receipt # | Amount $
Date Processed: 10/26/2026
Date Imaged: 10/26/2026

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
MS	DINA	K
NICKNAME	LAST	SUFFIX
	CARROLL	

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☒ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month Day Year: 7 / 1 / 26 THROUGH Month Day Year: 9 / 24 / 26

6 EXPLANATION OF CORRECTION

PayPal donations remain in PayPal account; Treasurer was unaware of these contributions and processing fees.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

KELLI SMITH NOTARY PUBLIC STATE OF TEXAS ID 123969508 EXP 07-21-2030

NOTARY STAMP / SEAL

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Dina Carroll this the 26th day of October, 2026, to certify which, witness my hand and seal of office.

Kelli Smith — Signature of officer administering oath
Kelli Smith — Printed name of officer administering oath
Notary Public — 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS | FIRST: DINA | MI: K

NICKNAME | LAST: CARROLL | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 304 E ELIZABETH STREET, JEFFERSON TX 75657

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (720) | PHONE NUMBER: 8381699 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: CHRISTIE | MI

NICKNAME | LAST: WOODSON | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 201 E DIXON, JEFFERSON TX 75657

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214) | PHONE NUMBER: 8032386 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ■ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 1 / 26 THROUGH 9 / 24 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 3 / 26

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (If any)

13 OFFICE SOUGHT (If known): COUNTY JUDGE

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

- ☐ GENERAL
- ☐ 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	16 Filer ID (Ethics Commission Filers)
DINA K. CARROLL	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 237.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,946.98
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,664.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,259.77
OUTSTANDING LOAN TOTALS	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.

Dina Carroll

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

KELLI SMITH NOTARY PUBLIC STATE OF TEXAS ID 123969608 EXP. 07-21-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dina Carroll this the 26th day of October, 2026, to certify which, witness my hand and seal of office.

Kelli Smith — Signature of officer administering oath

Kelli Smith — Printed name of officer administering oath

Notary Public — 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 _____ (month), 20_____ (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)
DINA K CARROLL	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 8,450.00
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 259.98
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4,664.23
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
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 BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		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: 3

2 FILER NAME
DINA K CARROLL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
07/01/2026	J & E TRANSPORTATION 310 S JACKSON, JEFFERSON TX 75657	1,500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
FREIGHT BROKER	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/01/2026	CHRISTIE WOODSON 201 E DIXON, JEFFERSON, TX 75657	1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HOMEMAKER	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/02/2026	BUFFALO RUN 1800 N US HWY 59, JEFFERSON TX 75657	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/08/2026	DAVID CROMWELL 503 E DELTA ST, JEFFERSON TX 75657	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
DINA K CARROLL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ▪ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
07/15/2026	RAY HENGST 6 Contributor address; City; State; Zip Code 206 RIVER OAKS DR, JEFFERSON TX 75657	300.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
RETIRED	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
07/27/2020	DONNA STEELE Contributor address; City; State; Zip Code 421 N POLK ST, JEFFERSON TX 75657	750.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/03/2026	SHARON GOOLSBY Contributor address; City; State; Zip Code 102 FURRH RD, MARSHALL TX 75672	900.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER/HOME HEALTH	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
08/12/2026	SPRING CREEK BBQ Contributor address; City; State; Zip Code 2340 W IH20, SUITE 100, ARLINGTON TX 76017	2,500.00

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.

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: 3

2 FILER NAME
DINA K CARROLL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
07/21/2026	BURYLDEAN ANDREWS 2367 BRICK RD, RUFFIN SC, 29475	200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
RETIRED	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/22/2026	ROBERT W THOMAS 303 N WALNUT ST, JEFFERSON TX 75657	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
07/27/2026	CARLA MINNEMAN 405 W DOUGLAS ST, JEFFERSON TX 75657-1003	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RETIRED	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/20/2026	KELLY FULTON 851 DREESON RD, JEFFERSON TX 75657	100.00

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.

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: 1
2 FILER NAME DINA K CARROLL	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 259.98

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
07/04/2026	NICK TESTA 7 Contributor address; City; State; Zip Code 308 HOUSTON ST, JEFFERSON TX 75657	259.98 Check if travel outside of Texas. Complete Schedule T.	BANNERS

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY	11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF-EMPLOYED
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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	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.

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	3 Filer ID (Ethics Commission Filers)
5	DINA K CARROLL	

Expenditure 1

4 Date	5 Payee name
07/01/2026	SHANNON LOVELADY

6 Amount ($)	7 Payee address; City; State; Zip Code
396.00	239 CR 3620, SULPHUR SPRINGS TX 75482

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING EXPENSE	TEE SHIRTS

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name
07/20/2026	COUNTY OF MARION

Amount ($)	Payee address; City; State; Zip Code
750.00	114 W AUSTIN STREET, JEFFERSON TX 75657

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
FEES	FILING FEE

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
07/27/2026	GRASSROOTS AMERICA

Amount ($)	Payee address; City; State; Zip Code
150.00	PO BOX 130012, TYLER TX 75713

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
DONATION	AWARDS EVENT

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY 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
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	3 Filer ID (Ethics Commission Filers)
5	DINA K CARROLL	

4 Date: 08/04/2026
5 Payee name: ALT Print Shop
6 Amount ($): 1,677.89
7 Payee address; 325 S HIGH STREET, LONGVIEW TX 75601 — City; State; Zip Code

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE
(b) Description: SIGNS
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 08/20/2026
Payee name: ALT PRINT SHOP
Amount ($): 270.63
Payee address; 325 S HIGH STREET, LONGVIEW TX 75601 — City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): PRINTING EXPENSE
Description: SIGNS
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

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Date: 09/08/2026
Payee name: WHITETAILS UNLIMITED
Amount ($): 450.00
Payee address; 900 E GRAND, MARSHALL TX 75670 — City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE/DONATION
Description: EVENT
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY 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
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	3 Filer ID (Ethics Commission Filers)
5	DINA K CARROLL	

4 Date: 09/09/2026
5 Payee name: VISTA PRINT
6 Amount ($): 191.10
7 Payee address; City; State; Zip Code: 275 WYMAN STREET, WALTHAM MA 02451

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE
(b) Description: POST CARDS
(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 09/30/2026
Payee name: US POSTAL SERVICE
Amount ($): 246.00
Payee address; City; State; Zip Code: 214 W LAFAYETTE ST, JEFFERSON TX 75657

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE
Description: STAMPS
Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 09/21/2026
Payee name: ALT PRINT SHOP
Amount ($): 514.20
Payee address; City; State; Zip Code: 325 S HIGH STREET, LONGVIEW TX 75601

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): PRINTING EXPENSE
Description: SIGNS
Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY 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
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	3 Filer ID (Ethics Commission Filers)
5	DINA K CARROLL	

4 Date	5 Payee name
07/21/2026	PAYPAL

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
7.47	2211 N FIRST ST, SAN JOSE, CA 95131			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ACCOUNTING/BANKING	PROCESSING FEE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
07/22/2026	PAYPAL

Amount ($)	Payee address;	City;	State;	Zip Code
3.48	2211 N FIRST ST, SAN JOSE, CA 95131			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ACCOUNTING/BANKING	PROCESSING FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
07/27/2026	PAYPAL

Amount ($)	Payee address;	City;	State;	Zip Code
3.98	2211 N FIRST ST, SAN JOSE, CA 95131			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ACCOUNTING/BANKING	PROCESSING FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY 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
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	3 Filer ID (Ethics Commission Filers)
5	DINA K CARROLL	

4 Date	5 Payee name
09/20/2026	PAYPAL

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
3.48	2211 N FIRST ST, SAN JOSE, CA 95131			

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ACCOUNTING/BANKING	PROCESSING FEE

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

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

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

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

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED