

# 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

FIRST

MI

Ms

Lauren

N

NICKNAME

LAST

SUFFIX

Barron

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1454 Country Club Rd. San Angelo TX 76904

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 245-6480

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Todd

NICKNAME

LAST

SUFFIX

Dornhecker

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4753 Royal Troon Dr San Angelo TX 76904

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 374-3449

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 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

ELECTION TYPE



Primary



Runoff



Other  
Description



General



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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

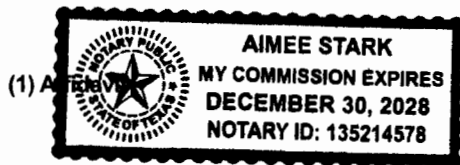
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Lauren Barron</u>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1725
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 208.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 1259.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 557.14
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.

Lauren Barron  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

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

Sworn to and subscribed before me by Lauren Barron this the 12<sup>th</sup> 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

Lauren Barron

20 Filer ID (Ethics Commission Filers)

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	\$ 1467.84
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 <b>Lauren Barron</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Omar &amp; Taylor Herrera</b> 6 Contributor address; City; State; Zip Code <b>9922 E. Carlsbad loop Carlsbad TX 76901</b>	7 Amount of contribution (\$) <b>\$125</b>
8 Principal occupation / Job title (See Instructions) <b>Line man</b>		9 Employer (See Instructions) <b>Concho Valley Electric Cooperative</b>
Date <b>12/8/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jana Weatherby</b> Contributor address; City; State; Zip Code <b>Confidential</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)
Date <b>12/8/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allie &amp; John Owens</b> Contributor address; City; State; Zip Code <b>2759 Dona Dr. San Angelo TX 76904</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>Student</b>		Employer (See Instructions)
Date <b>12/8/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Caroline Weatherby</b> Contributor address; City; State; Zip Code <b>3302 lindenwood San Angelo TX 76904</b>	Amount of contribution (\$) <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>Child care</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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 12/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Lewis	7 Amount of contribution (\$) \$125
6 Contributor address; City; State; Zip Code 1335 Falcon Dr Lewisville TX 75077		
8 Principal occupation / Job title (See Instructions) Grants Manager		9 Employer (See Instructions) Grantworks
Date 12/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Weatherby	Amount of contribution (\$) \$125
Contributor address; City; State; Zip Code 1335 Falcon Dr. Lewisville TX 75077		
Principal occupation / Job title (See Instructions) Director of business development		Employer (See Instructions) Professional Reps
Date 12/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriella Delgado	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 6057 Winners Circle San Angelo TX 76904		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) BILL
Date 12/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Timm	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3805 42nd St Lubbock TX 79413		
Principal occupation / Job title (See Instructions) Portfolio Accountant		Employer (See Instructions) Holladay
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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 <b>Lauren Barron</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Madison + Kirby Kellermeyer</b> 6 Contributor address; City; State; Zip Code <b>2688 S. 3rd Road San Angelo TX 76905</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions) <b>Self Employed / owner</b>		9 Employer (See Instructions) <b>Revival Boutique</b>
Date <b>11/11/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sandi Kenney</b> Contributor address; City; State; Zip Code <b>909 Avondale San Angelo TX 76904</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Court Administrator</b>		Employer (See Instructions) <b>Tom Green County</b>
Date <b>12/5/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard Barron</b> Contributor address; City; State; Zip Code <b>4th Sellers San Angelo TX 76903</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>11/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John + Cindy Lewis</b> Contributor address; City; State; Zip Code <b>3821 Trident trail San Angelo TX 76904</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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>\$600</i>	9 In-kind contribution description <i>Horderves for announcement</i>
	7 Contributor address; City; State; Zip Code <i>2707 Shamrock San Angelo TX 76903</i>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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>			Amount of Contribution \$ <i>\$180.00</i>	In-kind contribution description <i>Nugget Trays for announcement</i>
	Contributor address; City; State; Zip Code <i>1454 Country Club Rd. San Angelo TX 76904</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.

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>Gabriella Delgado</i>			8 Amount of Contribution \$ <i>\$75.00</i>	9 In-kind contribution description <i>Tea for announcement</i>
7 Contributor address; City; State; Zip Code <i>0057 Winners Circle San Angelo TX 76904</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>BILL</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>Ofelia Barron + Richard Barron</i>			Amount of Contribution \$ <i>\$150.00</i>	In-kind contribution description <i>Cups, clips, chips for announcement</i>
Contributor address; City; State; Zip Code <i>1454 Country Club Rd San Angelo TX 76904</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business owner</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)					
<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.					



**LOANS****SCHEDULE E**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 E:	
2 FILER NAME <i>Lauren Barron</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 750.00	
5 Date of loan <i>11/8/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lauren Barron</i>	9 Loan Amount (\$) <i>750</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>1454 Country Club Rd. San Angelo TX 76904</i>	10 Interest rate <i>0</i>	
		11 Maturity date <i>N/A</i>	
12 Principal occupation / Job title (See Instructions) <i>Chief Deputy</i>		13 Employer (See Instructions) <i>Tam Green County Clerk's Office</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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 <b>Lauren Barron</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/14/2025</b>	5 Payee name <b>Build A Sign</b>			
6 Amount (\$) <b>\$1,259.19</b>	7 Payee address;	City;	State;	Zip Code
	<b>11525A Stonehollow Dr. Suite 120</b>	<b>Austin</b>	<b>TX</b>	<b>78758</b>
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Signage</b>	
	(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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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