

# 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: <b>6</b>
3 MS / MRS / MR FIRST CANDIDATE / OFFICEHOLDER NAME	Mr	MI	<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b>  <b>OCT 06 2025</b>  <b>CITY OF MESQUITE</b> <b>CITY SECRETARY</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged  STATE; ZIP CODE
	NICKNAME LAST SUFFIX <b>Joshua Gibson</b>		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	733 Dranguet Cir Mesquite, TX 75149		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE EXTENSION <b>(214) 552-3279</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MI  NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	CITY;		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(Officeholder Only) <small>(Attach C/OH - FR)</small>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report		
10 PERIOD COVERED	Month 7 / 01 / 25    THROUGH    Month 09 / 25 / 25		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 25</b>	ELECTION TYPE Primary Runoff Other General Description Special <b>Joint /Municipal</b>	
12 OFFICE	13 OFFICE SOUGHT (if known) <b>Mesquite City Council District 4</b>		
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.		
Additional Pages	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 **Joshua W Gibson**

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)	\$ <b>1050.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>756.00</b>
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>294.00</b>
OUTSTANDING 6. LOAN TOTALS	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 required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua W Gibson this the 6th 20 day of October, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Shannon Long Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_. My address is \_\_\_\_\_

(street) (city)(state)(zipcode)(country)

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

Signature of Candidate/Officeholder(Declarant)

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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b>	<b>2</b> Joshua W Gibson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> 9/20/2025	<b>5</b> Payee name GOOD PARTY LLC	
<b>6</b> Amount (\$) 20.00	<b>7</b> City; State; Zip Code Good party.org	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fee	campaign tools
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/3/25	Payee name Texas Democratic Party	
Amount (\$) 350.00	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Voter Data
	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 09/10/2025	Payee name GOODGUYSSIGNS.COM	
Amount (\$) 241.83	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1	<b>Joshua W Gibson</b>		3	Filer ID (Ethics Commission Filers)
4	<b>8/21/25</b>	5	Payee name <b>Moo Print</b>	
6	Amount (\$) <b>145.15</b>	7	25 Fairmount Ave East Providence, RI 02914 <small>City; State; Zip Code</small>	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		
		<b>Walk Literature</b>		
		(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY 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		(a) Category (See Categories listed at the top of this schedule)		
		<b>Fee</b>		
		<b>Voter Data</b>		
		(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY 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		(a) Category (See Categories listed at the top of this schedule)		
		Description		
		(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>1 of 2</b>
2 FILER NAME <b>Joshua W Gibson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/16/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Gibson</b> 6 Contributor address; City; State; Zip Code <b>2400 Summer Lee Dr. Apt 146 Rockwall TX75032</b>	7 Amount of contribution (\$) <b>400.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>Unemployment</b>
Date <b>8/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Pat Gibson</b> Contributor address; City; State; Zip Code <b>102 Highcreek Drive Forney TX 75126</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>8/16/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>William Gibson</b> Contributor address; City; State; Zip Code <b>9632 Windy Terrace DrDallasTX75231</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Tricor Capital LLC</b>
Date <b>8/16/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Bray</b> Contributor address; City; State; Zip Code <b>224 Haskell Garland TX 75040</b>	Amount of contribution (\$) <b>159.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retired</b>

# 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: <b>2 of 2</b>
2 FILER NAME <b>Joshua W Gibson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/20/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kenetha Dawkins</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>101 Shoshone Cove Lake Kiowa TX 76240</b>	
8 Principal occupation / Job title (See Instructions) <b>IT</b>		9 Employer (See Instructions) <b>ACS</b>
Date <b>8/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jake Davis</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1406 Valleyridge Cir, #101 Austin TX</b>	
Principal occupation / Job title (See Instructions) <b>Campaign Manager</b>		Employer (See Instructions) <b>TFT</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retired</b>