

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains howto complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 ME / MR / MRS / MS / FIRST OFFICEHOLDER NAME	Mr	MI	OFFICE USE ONLY Date Received <h2 style="margin: 0;">RECEIVED</h2> <h3 style="margin: 0;">OCT 27 2025</h3> CITY OF MESQUITE CITY SECRETARY Date Hand-delivered or Date Postmarked Receipt #Amount \$ Date Processed Date Imaged STATE;ZIP CODE
	NICKNAME: Joshua LAST: Gibson	SUFFIX	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	733 Dranguet Cir Mesquite, TX 75149		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (214)	EXTENSION: 552-3279	
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 9 / 26 / 25 THROUGH Month 10 / 25 / 25		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 25	ELECTION TYPE Primary RunOff Other General Description Special <u>Joint /Municipal</u>	
12 OFFICE	13 OFFICE SOUGHT (if known) Mesquite City Council District 4		
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	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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	Joshua W Gibson	3 Filer ID (Ethics Commission Filers)
4	9/30/2025	5
		Payee name MAILOGIX
6	Amount (\$) 461.24	7
		City; State; Zip Code PO Box 224291, Dallas, TX, 75222-429
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	MAILHOUSE
(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 9/30/25	Payee name BANKEM PRINTING	
Amount (\$) 392.00	Payee address; City; State; Zip Code ARLINGTON, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POSTCARD PRINTING
(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 10/9/2025	Payee name LOWES	
Amount (\$) 43.71	Payee address; City; State; Zip Code GALLOWAY AVE, MESQUITE TX	
PURPOSE OF EXPENDITURE	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

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 |
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1	Joshua W Gibson	3 Filer ID (Ethics Commission Filers)
4	10/19/2025	5
Payee name		6
CAMPAIGN VERIFY/SCALE TO WIN		7
6	Amount (\$)	7
95.00	13742 Harper St, Santa Ana, CA 92703	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	TEXT CAMPAIGN
	Advertising	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	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	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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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: 1 of 2
2 FILER NAME Joshua W Gibson		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel Vallejo	7 Amount of contribution (\$) 125.00
6 Contributor address; City; State; Zip Code 905 E. Biddison St Fort Worth TX 76110		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 10/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesquite Police Association	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 924 Windbell Cir, Mesquite, TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 10/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren Luft	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 232 Riggs Cir Mesquite TX 75149		
Principal occupation / Job title (See Instructions) Organization Development Manager		Employer (See Instructions) L&S Mechanical
Date 10/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norbert Hornstein	Amount of contribution (\$) 117.00
Contributor address; City; State; Zip Code 1124 , 10th St Washington DC 20001		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

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 of 2
2 FILER NAME Joshua W Gibson		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke Newton 6 Contributor address; City; State; Zip Code PO Box 101 Orcas Orcas WA 98280	7 Amount of contribution (\$) 59.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teddi Fulenwider Contributor address; City; State; Zip Code 2507 Meadow Ridge dr Mesquite TX 75150	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Scholz Contributor address; City; State; Zip Code 509 Kathy Dr Mesquite TX 75149-5805	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Parker Contributor address; City; State; Zip Code 1241 Cedarcrest Dr Mesquite TX 75149	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Project Mgr		Employer (See Instructions) Sedexis Consulting