

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

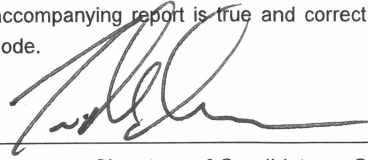
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		OFFICE USE ONLY	
		Date Received	
		RECEIVED	
		APR 03 2025	
		5:12 PM	
		BY: <i>K Seigne</i>	
		Date Hand-delivered or Date Postmarked	
		04/03/25	
		Receipt #	Amount \$
		Date Processed	
		04/03/25	
		Date Imaged	
		04/03/25	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5140 Standing Oak Lane Rockwall TX 75032			
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214)		420-6060	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		OFFICE USE ONLY	
		Date Hand-delivered or Date Postmarked	
		04/03/25	
		Receipt #	Amount \$
		Date Processed	
		04/03/25	
		Date Imaged	
		04/03/25	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
2606 Cypress Dr Rockwall TX 75087			
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214)		802-3226	
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 (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 2025 THROUGH 03 / 24 / 2025		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
		05 / 03 / 2025	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
City Council Place 1		Rockwall City Mayor	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
City Council Place 1 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)
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)	\$ 15,275.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,431.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

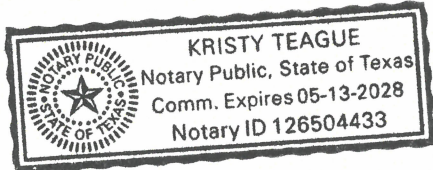
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Timothy McCallum this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Kristy Teague Signature of officer administering oath
KRISTY TEAGUE 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 _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Timothy I. McCallum

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,906.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,369.77
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,241.87
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,190.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

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: 6
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewayne Cain	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 305 Stonebridge Dr Rockwall TX 75087		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 1/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Brecheen	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1880 Broken Lance Ln Rockwall TX 75032		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Westwood Plastics
Date 1/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mindy new	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 105 Southampton Dr Rockwall TX 75032		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) glazer financial
Date 1/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Lyon	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code 1900 Broken Lance Ln Rockwall TX 75032		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

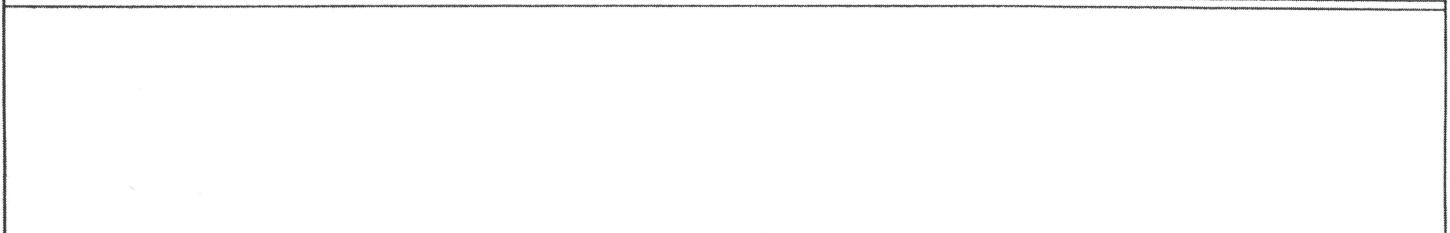
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Pulatie	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1554 Champions Court Rockwall TX 75087		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 1/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerry Coppler	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 319 Valiant Dr. Rockwall TX 75032		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 1/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Johnston	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2070 Silver Hawk Court Rockwall TX 75032		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 2/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan and Jennifer Bobst	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code 422 Sunrise Ridge Heath TX 75032		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Trend HR



ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant M. English	7 Amount of contribution (\$) \$1110.00
6 Contributor address; City; State; Zip Code 102 S Goliad Street Rockwall TX 75087		
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) David English
Date 2/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett and Haylie Peters	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4960 Bear Claw Ln Rockwall TX 75032		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) KE Andrews
Date 2/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayne Pierce	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 545 Granite Fields Dr Rockwall TX 75087		
Principal occupation / Job title (See Instructions) Happy State Bank		Employer (See Instructions) Banker
Date 2/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Carroccia	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1720 Winding Creek Ln Rockwall TX 75032		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>
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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:
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asim Usman <hr/> 6 Contributor address; City; State; Zip Code 5140 Bear Claw Ln Rockwall TX 75032	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Hunt Regional
Date 2/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony and Summer Winkler <hr/> Contributor address; City; State; Zip Code 637 Calvin Drive Heath TX 75032	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Cal Wink
Date 2/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Curtis <hr/> Contributor address; City; State; Zip Code 4735 Bear Claw Lane Rockwall TX 75032	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) RISD
Date 2/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Thompson <hr/> Contributor address; City; State; Zip Code 1414 E 51st St Austin TX 78723	Amount of contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Brecheen <hr/> 6 Contributor address; City; State; Zip Code 1880 Broken Lance Ln Rockwall TX 75032	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Westwood Plastics
Date 2/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Thompson <hr/> Contributor address; City; State; Zip Code 1425 Montego Cy Rockwall TX 75087	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Southwest Airlines
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misc <hr/> Contributor address; City; State; Zip Code unk	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unk		Employer (See Instructions)
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Phelps <hr/> Contributor address; City; State; Zip Code 214 Alta Vista Rockwall TX 75087	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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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:
2 FILER NAME Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Chapman <hr/> 6 Contributor address; City; State; Zip Code 733 Sunset Hill Dr Rockwall TX 75087	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Flight c rew instructor		9 Employer (See Instructions) Southwest Airlines
Date 3/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Dichard <hr/> Contributor address; City; State; Zip Code 1903 FM-549 Rockwall TX 75032	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Taft <hr/> Contributor address; City; State; Zip Code 3489 Bristlecone Court Rockwall TX 75032	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Rock Builders
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Langdon <hr/> Contributor address; City; State; Zip Code 5050 Bear Claw Ln Rockwall TX 75032	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		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 Timothy I. McCallum		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/12/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raze Media LLC	8 Amount of Contribution \$ \$4369.77	9 In-kind contribution description Marketing Services Digital + Marketing Services
7 Contributor address; City; State; Zip Code 411 N. Ackard #160 Dallas TX 75201		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Marketing Services		11 Employer (FOR NON-JUDICIAL)(See Instructions) Raze Media LLC	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 Total pages Schedule F1: 1	2 FILER NAME Timothy I. McCallum	3 Filer ID (Ethics Commission Filers)
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4 Date 1/31/2025	5 Payee name DFW Direct Marketing
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6 Amount (\$) \$2445.00	7 Payee address; 931 Custer Rd Richardson TX 75080	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcards/Mailing
	(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
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Date 1/30/2025	Payee name Precision Reprographics
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Amount (\$) \$6796.87	Payee address; 3102 Benton St Garland TX 75042	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Total pages Schedule G: 1	2 FILER NAME Timothy I. McCallum	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2025	5 Payee name Rockwall GOP	
6 Amount (\$) \$3000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 112 Kenway St Rockwall TX 75087 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Regan Day Table
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2/4/2025	Payee name Qball Design	
Amount (\$) \$920.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 102 Tyler St Rockwall TX 75087 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 3/19/2025	Payee name aModernGirlMakes	
Amount (\$) \$270.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 234 Bristol Ct Heath TX 75032 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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