

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

NOV 21 2025

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		City Secretary's Office 1 Filer ID City of Grand Prairie		2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Steve			OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue; text-align: center;">11/21/2025 Nth</div>	
	NICKNAME LAST SUFFIX Junior Ezeonu				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> grand prairie, TX 75054			Date Hand-delivered or Date Postmarked	
	Receipt # Amount			Date Processed	
	Date Imaged			Date Imaged	
	Date Imaged			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
8 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded modified reporting limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)</div> </div>				
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 11/21/2025				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Primary</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> <div style="width: 50%;"><input type="checkbox"/> General</div> <div style="width: 50%;"><input type="checkbox"/> Special</div> </div>		
	OFFICE HELD (if any) Place Place 8 District At-Large Tarrant		12 OFFICE SOUGHT (if known)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Ezeonu, Steve	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	3,047.71
	4. TOTAL POLITICAL EXPENDITURES	\$	16,711.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT		
<p>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.</p>		
<p>_____ Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 19

18 FILER NAME Ezeonu, Steve		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,711.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Nick 6 Contributor address; City; State; Zip Code [REDACTED] Tucson, AZ 85711	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Climate Cabinet Action		9 Employer (See Instructions) Program Manager
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Fluor		Employer (See Instructions) Project controls
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77065	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Fluor		Employer (See Instructions) IT
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burud, Gwenn Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76177	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Fort Worth ISD		Employer (See Instructions) Teacher
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Stuart Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75228	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DEAC		Employer (See Instructions) Lawyer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castile, Brooke 6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75050	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Na		9 Employer (See Instructions) Sales
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Veronica Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebozue, Jesse Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MHMRTC		Employer (See Instructions) QMHP
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebozue, Jesse Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MHMRTC		Employer (See Instructions) QMHP
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Efochie, Kelechi Contributor address; City; State; Zip Code [REDACTED] Farmers Branch, TX 75234	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Citi		Employer (See Instructions) Compliance Officer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eleje, Ifeoma 6 Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) South College		9 Employer (See Instructions) Educator
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiagome, Corinne Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) EIF		Employer (See Instructions) Director
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Shanthi Contributor address; City; State; Zip Code [REDACTED] Eureka, CA 95501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LCV		Employer (See Instructions) Sr Manager
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ifebi-Egemuka, Oluchi Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76002	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) The Boeing Company		Employer (See Instructions) Privacy Professional
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76120	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lockheed Martin		Employer (See Instructions) Systems Engineer Sr. Staff

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iwuorie, Chizoba 6 Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77449	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Finance
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iwuorie, Urenna Contributor address; City; State; Zip Code [REDACTED] North Las Vegas, NV 89084	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Miguel Contributor address; City; State; Zip Code [REDACTED] Maywood, IL 60153	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) UScellular		Employer (See Instructions) Financial Analyst
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Chapman, Tai Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75054	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Publishing Industry		Employer (See Instructions) Sales Exec
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lark, Rosalyn Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Rosalyn Lark		Employer (See Instructions) Lawyer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, William	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001	
8 Principal occupation / Job title (See Instructions) Facebook		9 Employer (See Instructions) community relations
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meniffee, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nimo, Marketta	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	
Principal occupation / Job title (See Instructions) Destined for Greatness Christian Academy		Employer (See Instructions) Daycare Owner
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwabuko, Jessica	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] Rockwall, TX 75032	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obiekwe, Pam	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code [REDACTED] Farmers Branch, TX 75244	
Principal occupation / Job title (See Instructions) Liberty		Employer (See Instructions) Risk Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okafor, Nkem 6 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Novo Nordisk		9 Employer (See Instructions) Director
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okunubi, Omolara Contributor address; City; State; Zip Code [REDACTED] Palos Verdes Peninsula, CA 90274	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Ideal Program Services		Employer (See Instructions) Entrepreneur
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omere, Ro Contributor address; City; State; Zip Code [REDACTED] Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PISD		Employer (See Instructions) Educator
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omere, Ro Contributor address; City; State; Zip Code [REDACTED] Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PISD		Employer (See Instructions) Educator
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onyekaba, Alexandra Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75234	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Elevance		Employer (See Instructions) Pharmacist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opesanmi, Toyin 6 Contributor address; City; State; Zip Code [REDACTED] Clarksville, MD 21029	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Gennesaret Medical center		9 Employer (See Instructions) Physician
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Ronnisha Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raynor, RaShad Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lockheed Martin		Employer (See Instructions) Supply Chain
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redvine, Tunya Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) AISD		Employer (See Instructions) Administrator
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Benita Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75054	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Tarrant County College		Employer (See Instructions) Educator

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Benita 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Grand Prairie, TX 75054	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Tarrant County College		9 Employer (See Instructions) Educator
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Benita Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Grand Prairie, TX 75054	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Tarrant County College		Employer (See Instructions) Educator
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Benita Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Grand Prairie, TX 75054	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Tarrant County College		Employer (See Instructions) Educator
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Erica Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> McKinney, TX 75071	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Thomson Reuters		Employer (See Instructions) Senior Marketer
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Greensboro, NC 27403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Solar United Neighbors		Employer (See Instructions) Energy Equity and Inclusion Associate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada 6 Contributor address; City; State; Zip Code [REDACTED] Greensboro, NC 27403	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Solar United Neighbors		9 Employer (See Instructions) Energy Equity and Inclusion Associate
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada Contributor address; City; State; Zip Code [REDACTED] Greensboro, NC 27403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Solar United Neighbors		Employer (See Instructions) Energy Equity and Inclusion Associate
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada Contributor address; City; State; Zip Code [REDACTED] Greensboro, NC 27403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Solar United Neighbors		Employer (See Instructions) Energy Equity and Inclusion Associate
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada Contributor address; City; State; Zip Code [REDACTED] Greensboro, NC 27403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Windward Fund		Employer (See Instructions) Philanthropy
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Jada Contributor address; City; State; Zip Code [REDACTED] Greensboro, NC 27403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Solar United Neighbors		Employer (See Instructions) Energy Equity and Inclusion Associate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/19
2 FILER NAME Ezeonu, Steve		3 Filer ID
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Shelia 6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Employbridge		9 Employer (See Instructions) Account Analyst
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzel, Lauren Contributor address; City; State; Zip Code [REDACTED] Hurst, TX 76053	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) HEB ISD		Employer (See Instructions) Teacher
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) daly, john Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) UT-Austin		Employer (See Instructions) Professor

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/5 Rpt: 14/19	2 FILER NAME Ezeonu, Steve	3 Filer ID
4 Date 08/04/2025	5 Payee name Afford-A-Bounce	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 6900 South Fwy A10 Fort Worth, TX 76134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bounce house for back to school community picnic event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 08/04/2025	Payee name Ebozue, Jesse	
Amount (\$) \$350.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DJ for back to school community picnic event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 08/04/2025	Payee name Holland, Judy	
Amount (\$) \$350.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snow cones for back to school community picnic event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/5 Rpt: 15/19	2 FILER NAME Ezeonu, Steve	3 Filer ID
4 Date 11/21/2025	5 Payee name Junior Ezeonu Campaign for State Legislature	
6 Amount (\$) \$2,250.46	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer of funds	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transfer of remaining funds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2025	Candidate/Officeholder name Just Yard Signs	
Amount (\$) \$3,184.35	Office sought 2235 Mercator Dr Orlando, FL 32807	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/18/2025	Candidate/Officeholder name Lackey, Rosa	
Amount (\$) \$600.00	Office sought Grand Prairie, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense t shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/5 Rpt: 16/19	2 FILER NAME Ezeonu, Steve	3 Filer ID
4 Date 11/07/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$1,430.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For VAN access
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name The African Think Tank	
Amount (\$) \$500.00	Office sought TX	
Office held		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to organization
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/22/2025	Candidate/Officeholder name Umu Igbo Unite Non profit organization	
Amount (\$) \$2,000.00	Office sought 4062 Peachtree Rd NE, Ste A-317 Atlanta, GA 30319	
Office held		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/5 Rpt: 17/19	2 FILER NAME Ezeonu, Steve	3 Filer ID
4 Date 07/30/2025	5 Payee name creativearc media	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photography for for back to school community picnic event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name creativearc media	
Amount (\$) \$300.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photography for speaking engagement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name hotcards	
Amount (\$) \$1,933.25	Payee address; City; State; Zip Code 18 N Main St Floor 3 Chagrin Falls, OH 44022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense doorhangers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/5 Rpt: 18/19	2 FILER NAME Ezeonu, Steve	3 Filer ID
4 Date 07/28/2025	5 Payee name sams club	
6 Amount (\$) \$225.28	7 Payee address; City; State; Zip Code 2325 I-20 Grand Prairie, TX 75052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for back to school community picnic event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

Page 19 of 19

1 C/OH NAME

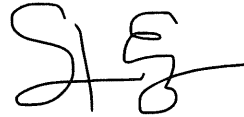
Ezeonu, Steve

2 Filer ID

votejuniozeonu@gmail.com

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER**** Complete A & B below only if you are not an officeholder ******A CAMPAIGN FUNDS****Check only one:**☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS**Check only one:**☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

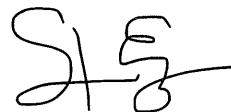
☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Signature of Candidate

5 OFFICEHOLDER**** Complete this section only if you are an officeholder ****☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder