

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Jarrett H  
NICKNAME LAST SUFFIX  
Armstrong DC

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
411 River Trl. Keller TX 76248

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 688-6777

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mrs. Elizabeth  
NICKNAME LAST SUFFIX  
Carter

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1117 Garden Lane Keller TX 76262

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(682) 234-4515

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 Month Day Year  
01 / 01 / 2026 THROUGH 03 / 23 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
05 / 02 / 26  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Council Place 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
MAR 31 2026  
BY: Koy

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

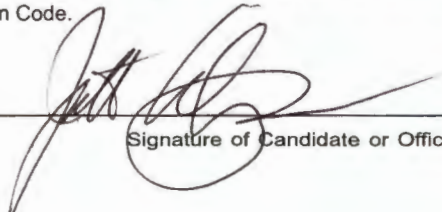
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Jarrett Armstrong D.C.</u>		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)	\$ <u>900-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4135.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5035.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 Jarrett Armstrong this the 31 day of March, 2020, to certify which, witness my hand and seal of office.

Madeline Galloway      Madeline Galloway      Retail Banker  
 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**

<b>19 FILER NAME</b> <i>Jarrett Armstrong D.C.</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5035 <sup>00</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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>4</b>
2 FILER NAME <b>Jarrett Armstrong D.C.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21</b>	5 Full name of contributor <b>Chet Teichman</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>100-</b>
6 Contributor address; City; State; Zip Code <b>1800 Meadowlark Dr. Keller TX 76248</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/21/20</b>	Full name of contributor <b>Dale Davis</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100-</b>
Contributor address; City; State; Zip Code <b>400 Boulevard #412 Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/20</b>	Full name of contributor <b>Elizabeth Carter</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>10-</b>
Contributor address; City; State; Zip Code <b>1117 Crarden Lane Keller TX 76262</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21/20</b>	Full name of contributor <b>Innovative Designs</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>200-</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		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

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2 FILER NAME <u>Jarrett Armstrong D.C</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/13/20</u>	5 Full name of contributor <u>Susan Nunnery</u> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>P.O.Box 222 Keller TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/9/20</u>	Full name of contributor <u>John Summers</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>214 Meadowbrook Keller TX 76248</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/13/20</u>	Full name of contributor <u>Fire Fighters Association #3731</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>2,000.00</u>
Contributor address; City; State; Zip Code <u>7140 Cloudcroft Ln. Ft. Worth TX 76131</u>		
Principal occupation / Job title (See Instructions) <u>Fire Fighters</u>		Employer (See Instructions) <u>City of Keller</u>
Date <u>3/13/20</u>	Full name of contributor <u>Jeff Sturrock</u> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>3122 Oakview Dr Hurst TX 76054</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Jarrett Armstrong D.C</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/15/26</b>	5 Full name of contributor <b>Roxie Kelley</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>50<sup>-</sup></b>
6 Contributor address; City; State; Zip Code <b>112 Las Brisas Dr. De catur TX 76234</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/16/26</b>	Full name of contributor <b>Ashley Fiddelke</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>50<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>2704 Wildcreek Trl. Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21</b>	Full name of contributor <b>Jacqui Itson</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>1417 Shady Hollow Ct. Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21/26</b>	Full name of contributor <b>Michael McClement</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>25<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>744 West Park Crk Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Jarrett Armstrong D.C.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/20</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Roger Kenyon</b>	7 Amount of contribution (\$) <b>100-</b>
6 Contributor address; City; State; Zip Code <b>1212 Hillside Keller TX 76248</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Childress</b>	Amount of contribution (\$) <b>100-</b>
Contributor address; City; State; Zip Code <b>848 Western Trl. Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rodney Eiland</b>	Amount of contribution (\$) <b>100-</b>
Contributor address; City; State; Zip Code <b>408 Monarch Hill Keller TX 76248</b>		
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)

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