

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

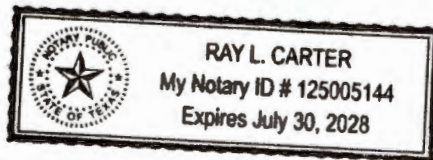
| | | |
|---|---|--|
| 15 C/OH NAME <u>Jarrett H. Armstrong</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>3990.</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>4802.20</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>3342.81</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</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]
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 22 day of APRIL, 2026, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Ray L. Carter 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 <i>Jarrett Armstrong</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>3990.00</i> |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>Ø</i> |
| 4. | SCHEDULE E: LOANS | \$ <i>Ø</i> |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>4802.70</i> |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>Ø</i> |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>Ø</i> |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>Ø</i> |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>Ø</i> |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>Ø</i> |

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

Jaquett Armstrong

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Ricky Balthrap

7 Amount of contribution (\$)

53.04

6 Contributor address; City; State; Zip Code

2333 Florencia Rd Keller TX 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/20

Full name of contributor out-of-state PAC (ID#: _____)

William Thoma

Amount of contribution (\$)

105.75

Contributor address; City; State; Zip Code

633 Kelle Smithfield Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/20

Full name of contributor out-of-state PAC (ID#: _____)

Danielle McDaniel

Amount of contribution (\$)

105.75

Contributor address; City; State; Zip Code

1134 Trail Ridge Dr Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Joe Markham

Amount of contribution (\$)

105.75

Contributor address; City; State; Zip Code

1615 Pleasantrun Keller TX 76248

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

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 Jarrett Armstrong | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/3/20 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jack Geer | 7 Amount of contribution (\$) 53.04 |
| 6 Contributor address; City; State; Zip Code 444 E. Taylor St. Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/15/20 | Full name of contributor out-of-state PAC (ID#: _____) Janet Travis | Amount of contribution (\$) 105.75 |
| Contributor address; City; State; Zip Code 8308 Thorncrest Ct. NRH TX 76182 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/24/20 | Full name of contributor out-of-state PAC (ID#: _____) Jame Pujatas | Amount of contribution (\$) 250- |
| Contributor address; City; State; Zip Code 906 Osito Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Courteney Martin | Amount of contribution (\$) 100- |
| Contributor address; City; State; Zip Code 712 Greenbriar Dr. Keller TX 76248 | | |
| 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

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 Jarrett H Armstrong | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/30/26 | 5 Full name of contributor out-of-state PAC (ID#: _____) Greg Drahms | 7 Amount of contribution (\$) 40- |
| 6 Contributor address; City; State; Zip Code 508 Harrington Dr. Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/8/26 | Full name of contributor out-of-state PAC (ID#: _____) Daniel Epperson | Amount of contribution (\$) 100- |
| Contributor address; City; State; Zip Code 617 San Clemente Dr. Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/2/26 | Full name of contributor out-of-state PAC (ID#: _____) Jackie Black | Amount of contribution (\$) 500- |
| Contributor address; City; State; Zip Code 925 Glenhurst Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/24/26 | Full name of contributor out-of-state PAC (ID#: _____) Mark Anderson | Amount of contribution (\$) 2500- |
| Contributor address; City; State; Zip Code 1310 W. El Paso St. Ft. TX 76102 | | |
| 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.

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: 3 | 2 FILER NAME Jarrett Armstrong | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/10/26 | 5 Payee name Prime Tees. com | |
| 6 Amount (\$) 54.13 | 7 Payee address; City; State; Zip Code 5870 Park Vista Cir. #308 F.W TX 76244 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Banner |
| | (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 4/13/26 | Payee name Keller Crawfish Krawl | |
| Amount (\$) 175⁰⁰ | Payee address; City; State; Zip Code 425 N. main St. Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Advertizing |
| | 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 4/13/26 | Payee name Keller Tshirts Embrodery | |
| Amount (\$) 618.10 | Payee address; City; State; Zip Code 1103 Keller Pkwy #106 Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sqms |
| | 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 |

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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: 3 | 2 FILER NAME Jarrett Armstrong | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/8/26 | 5 Payee name Walmart | |
| 6 Amount (\$) 77.71 | 7 Payee address; City; State; Zip Code 5336 Coldentriangle FTW. TX 76244 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Candy |
| | (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 4/17/26 | Payee name Walgreens | |
| Amount (\$) 41.22 | Payee address; City; State; Zip Code 1470 Keller Pkwy Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Candy |
| | 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 3/26/26 | Payee name Keller Tshirts Embroidery & Printing | |
| Amount (\$) 1850.00 | Payee address; City; State; Zip Code 1103 Keller Pkwy #106 Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description yard signs |
| | 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 |

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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: 3 | 2 FILER NAME Jarrett Armstrong | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/26/26 | 5 Payee name Keller Tshirts Embroidery & Printing | |
| 6 Amount (\$) 1461.38 | 7 Payee address; 1103 Keller Pkwy Keller TX 76248 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description yard signs |
| | (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 3/30/26 | Payee name Campaign SideKick LLC | |
| Amount (\$) 300.00 | Payee address; 1712 Pioneer Ave. Cheyenne WY 82001 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Polling Expense | Description app for polling |
| | 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 3/27/26 | Payee name Keller Trophy | |
| Amount (\$) 225.16 | Payee address; P.O. Box 2647 Keller TX 76244 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description T-shirts |
| | 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 |

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