

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:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST Christasha	MI L	OFFICE USE ONLY Date Received RECEIVED OCT 5 2026 CITY SECRETARY'S OFFICE CITY OF BRYAN Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged							
	NICKNAME Chrissy	LAST Ransome	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4008 High Street Bryan Tx 77808 ☐ Change of Address											
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (979) 450-1865											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	FIRST Pamela	MI D								
	NICKNAME Moranza	LAST	SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1489 merrins Run Bryan Tx 77803											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (979) 739-4283											
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 7 / 1 / 26 THROUGH 9 / 24 / 2026											
11 ELECTION ELECTION DATE Month Day Year 11 / 3 / 26 ELECTION TYPE ☐ Primary ☒ General ☐ Runoff ☐ Special ☐ Other Description											
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SMD 2									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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)	\$ 990
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 935
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 808.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 126.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Christa Farnsworth
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Christa Farnsworth, and my date of birth is [REDACTED].
My address is 4008 High Street, Bryan, Tx, 77809, Brazos.
(street) (city) (state) (zip code) (country)
Executed in Brazos County, State of Texas, on the 2nd day of October, 20 26.
(month) (year)

Christa Farnsworth
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Christasha Ransome

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 135

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 808.10

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

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 <i>Christasha Ransome</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Cat Herrin</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>404 Coulter Dr. Bryan TX 77803</i>		
8 Principal occupation / Job title (See Instructions) <i>Driver</i>		9 Employer (See Instructions) <i>BISD Transportation</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Shana Ginn</i>	Amount of contribution (\$) <i>\$40</i>
Contributor address; City; State; Zip Code <i>Bryan TX</i>		
Principal occupation / Job title (See Instructions) <i>Driver</i>		Employer (See Instructions) <i>BISD Transportation</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>The Watson</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>College Station TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Lowes</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Rafael Rana</i>	Amount of contribution (\$) <i>\$150</i>
Contributor address; City; State; Zip Code <i>Bryan TX 77803</i>		
Principal occupation / Job title (See Instructions) <i>carrier</i>		Employer (See Instructions) <i>USPS</i>
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 <i>Christabene Ransome</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Tori Curry</i>	7 Amount of contribution (\$) <i>\$5</i>
6 Contributor address; City; State; Zip Code <i>Bryan Tx</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>DaNeetra Walker</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>Bryan Tx</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Pell's</i>
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Kevin Harris</i>	Amount of contribution (\$) <i>\$10</i>
Contributor address; City; State; Zip Code <i>Bryan Tx</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Hamilton Unit</i>
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Christopher Ransome</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>702 N Ford Ave Bryan Tx 77803</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Southern The Mart</i>
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

Christaga Ransome

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

Donnie Nelson

7 Amount of contribution (\$)

\$20

6 Contributor address;

City;

State;

Zip Code

Bryan TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

BISD

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Marian Johnson

Amount of contribution (\$)

\$5

Contributor address;

City;

State;

Zip Code

Bryan TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Ran S. Vran

Amount of contribution (\$)

\$15

Contributor address;

City;

State;

Zip Code

Bryan TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Shakayla Robertson

Amount of contribution (\$)

\$15

Contributor address;

City;

State;

Zip Code

Bryan TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BISD

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:	2 FILER NAME <i>Chris Shatt. Karsun</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/20/26</i>	5 Payee name <i>Signs for the cheap</i>
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6 Amount (\$) <i>\$928.31</i>	7 Payee address; City; State; Zip Code <i>11525 A Stonehollow Dr. STE120 Austin TX 78758</i>
☐ Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Political advertising campaign signs</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <i>8/19/26</i>	Payee name <i>Signs on the cheap</i>
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Amount (\$) <i>\$512.87</i>	Payee address; City; State; Zip Code <i>11525A Stonehollow Dr. STE120 Austin TX 78758</i>
☐ Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign signs</i>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
☐ Check if individual's residence address.	

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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