

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	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carleen	OFFICE USE ONLY Date Received RECEIVED	
	NICKNAME LAST SUFFIX Dark-Bays		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 6206 Tyler, TX 75711		Date Hand-delivered or Date Postmarked JAN 14 2026
			Receipt # Amount
			CITY CLERK'S OFFICE City of Tyler Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ray		
	NICKNAME LAST SUFFIX McKinney		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1350 Dominion Plaza Tyler, TX 75703		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 283-8643		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025		
10 ELECTION	ELECTION DATE Month Day Year 05/02/2026	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Tyler City Council District 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 21

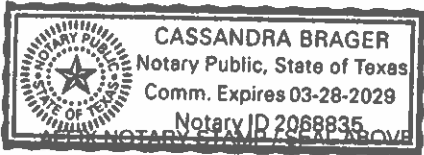
13 C / OH NAME Dark-Bays, Carleen	14 Filer ID
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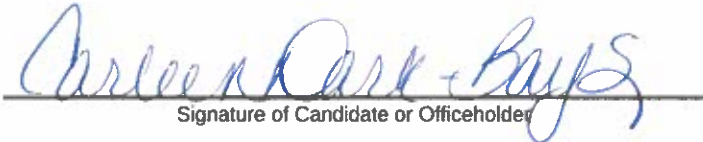
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or 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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,504.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	12,681.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,397.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200.00

17 AFFIDAVIT


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

Sworn to and subscribed before me, by the said Carleen Dark Bays, this the 14th day of January, 2026, to certify which, witness my hand and seal of office.



Signature of officer administering

CASSANDRA BRAGER

Printed name of officer administering

Notary

Title of officer administering oath

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

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18 FILER NAME

Dark-Bays, Carleen

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,504.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 200.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,306.40
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,374.80
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: 1/6 Rpt: 4/20

2 FILER NAME

Dark-Bays, Carleen

3 Filer ID

4 Date
10/04/2025

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

Baker, Hank

7 Amount of Contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code

17730 Southpoint Rd.

Whitehouse, TX 75791

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/29/2025

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

Bays, Glenda

Amount of Contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

21218 Metallic Blue Dr.

Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/2025

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

Bejcek, Keith

Amount of Contribution (\$)
\$500.00

Contributor address; City; State; Zip Code

5431 Andover Dr.

Tyler, TX 75707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/2025

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

Brookshire, Bruce

Amount of Contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

220 Glenhaven Dr.

Tyler, TX 75701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/07/2025

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

Carmichael, Mike

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

2728 Old Bullard Rd.

Tyler, TX 75701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/6 Rpt: 5/20

2 FILER NAME

Dark-Bays, Carleen

3 Filer ID

4 Date
09/30/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Conover, Ted

7 Amount of Contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
6603 Gleneagles Dr.

Tyler, TX 75703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/29/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Curtis, Brad

Amount of Contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
3117 Dinah Lane

Tyler, TX 75701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/12/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dacus, Shannon

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
18654 CR 418

Tyler, TX 75704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/27/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dark, Joe

Amount of Contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
18065 CR 122

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/16/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Don Warren for Mayor

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
P.O. Box 6007

Tyler, TX 75711

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/20
2 FILER NAME Dark-Bays, Carleen		3 Filer ID
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durkin, Mark <hr/> 6 Contributor address; City; State; Zip Code 1448 N Rochester Dr. Gilbert, AZ 85234	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood, Renee <hr/> Contributor address; City; State; Zip Code 1410 Woodlands Dr. Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Laura <hr/> Contributor address; City; State; Zip Code 1700 Rose Rd. Tyler, TX 75701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joshua <hr/> Contributor address; City; State; Zip Code 402 Bluebonnet Dr. Tyler, TX 75701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Dawn <hr/> Contributor address; City; State; Zip Code 229 S Bonner Tyler, TX 75702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 4/6 Rpt: 7/20

2 FILER NAME

Dark-Bays, Carleen

3 Filer ID

4 Date

09/30/2025

5 Full name of contributor

Morriss, Steven

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$600.00

6 Contributor address; City; State; Zip Code

12917 CR 1139

Tyler, TX 75709

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/01/2025

Full name of contributor

PABS Management Inc.

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$1,004.00

Contributor address; City; State; Zip Code

110 N College Ave.

Suite 1404

Tyler, TX 75702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2025

Full name of contributor

Patterson, Russell

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

100 E Ferguson St.

Tyler, TX 75702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2025

Full name of contributor

Perry, Stephanie

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

19272 Hidden Lake Dr.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/2025

Full name of contributor

Perry, Stephanie

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

19272 Hidden Lake Dr.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/20
2 FILER NAME Dark-Bays, Carleen		3 Filer ID
4 Date 10/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ream, Marji 6 Contributor address; City; State; Zip Code 3920 Chester Dr. Tyler, TX 75701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, Brad Contributor address; City; State; Zip Code 12510 CR 495 Tyler, TX 75706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Julie Contributor address; City; State; Zip Code 7250 Crosswater Ave. Tyler, TX 75703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Bob Contributor address; City; State; Zip Code 4116 Pinecreek Dr. Tyler, TX 75707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelmi, Walter Contributor address; City; State; Zip Code 9045 Old Hickory Rd. Tyler, TX 75703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/20
2 FILER NAME Dark-Bays, Carleen		3 Filer ID
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, James	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 2024 Republic Dr. Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/20	
2 FILER NAME Dark-Bays, Carleen		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 07/08/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Dark-Bays, Carleen		9 Loan Amount (\$) \$200.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3910 Chester Dr. Tyler, TX 75701		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Senior Consultant		13 Employer (See Instructions) CDB Consulting	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	

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: 1/9 Rpt: 11/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 08/05/2025	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 08/25/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office held CITY COUNCIL
Date 09/17/2025	Payee name Anedot	
Amount (\$) \$30.60	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office held CITY COUNCIL

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: 2/9 Rpt: 12/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 09/26/2025	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/02/2025	Payee name Anedot	
Amount (\$) \$60.60	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/06/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL

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: 3/9 Rpt: 13/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 10/08/2025	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/08/2025	Payee name Anedot	
Amount (\$) \$30.60	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/10/2025	Payee name Anedot	
Amount (\$) \$24.60	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL

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: 4/9 Rpt: 14/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 10/16/2025	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL Office held
Date 10/28/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL Office held
Date 11/12/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL 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: 5/9 Rpt: 15/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 12/30/2025	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL Office held
Date 12/30/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge, LA 70808	
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 Service Fee
Complete ONLY 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: 6/9 Rpt: 16/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 09/30/2025	5 Payee name Brookshires	
6 Amount (\$) \$35.69	7 Payee address; City; State; Zip Code 100 Rice Road Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/03/2025	Payee name CWJ Strategies	
Amount (\$) \$2,256.67	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Services, Print Work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 10/23/2025	Payee name CWJ Strategies	
Amount (\$) \$2,285.54	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Services, Print Work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL

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: 7/9 Rpt: 17/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 12/19/2025	5 Payee name CWJ Strategies	
6 Amount (\$) \$2,014.92	7 Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Services, Print Work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 09/30/2025	Payee name Glover, Emily	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 428 Maggie Circle Flint, TX 75762	
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 Music for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL
Date 09/30/2025	Payee name Sam's Club	
Amount (\$) \$396.46	Payee address; City; State; Zip Code 2025 SSW Loop 323 Tyler, TX 75701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DARK BAYS, CARLEEN	Office sought CITY COUNCIL

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: 8/9 Rpt: 18/20		2 FILER NAME Dark-Bays, Carleen		3 Filer ID
4 Date 09/30/2025		5 Payee name Twelve		
6 Amount (\$) \$381.94		7 Payee address; City; State; Zip Code 405 WSW Loop 323 Tyler, TX 75701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name DARK BAYS, CARLEEN		Office sought CITY COUNCIL
Date 09/30/2025		Payee name Tyler Tents and Events		
Amount (\$) \$221.48		Payee address; City; State; Zip Code 5515 State Hwy 31 W #9731 Tyler, TX 75709		
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 Rentals for event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name DARK BAYS, CARLEEN		Office sought CITY COUNCIL
Date 07/09/2025		Payee name USPS		
Amount (\$) \$113.00		Payee address; City; State; Zip Code 2627 S Broadway Ave. Tyler, TX 75701		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PO Box	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name DARK BAYS, CARLEEN		Office sought CITY COUNCIL

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: 9/9 Rpt: 19/20	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 12/29/2025	5 Payee name USPS	
6 Amount (\$) \$113.00	7 Payee address; City; State; Zip Code 2627 S Broadway Ave. Tyler, TX 75701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 P.O. Box
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 20/21		2 FILER NAME Dark-Bays, Carleen		3 Filer ID	
4 Date 09/30/2025		5 Payee name Brookshires			
6 Amount (\$) \$255.90 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 100 Rice Road Tyler, TX 75703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for announcement event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/28/2025		Payee name CWJ Strategies			
Amount (\$) \$2,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/02/2025		Payee name CWJ Strategies			
Amount (\$) \$2,003.69 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting & Marketing Expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 21/21	2 FILER NAME Dark-Bays, Carleen	3 Filer ID
4 Date 07/09/2025	5 Payee name Deluxe Checks	
6 Amount (\$) \$115.21 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 801 S Marquette Ave. Minneapolis, MN 55402	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Checks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		