

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)	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ϕ
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ 1440
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1440
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ϕ

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.

Marcel Howard

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 Marcel Howard, and my date of birth is [REDACTED].

My address is 1521 heritage Blvd, Glenn Heights, TX, 75154, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 15th day of November, 2025.
(month) (year)

Marcel Howard

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Marcel Howard

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1440
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

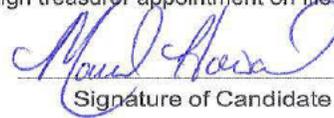
1 C/OH NAME

Marcel Howard

2 Filer ID (Ethics Commission Filers)

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 final 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

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

Marcel Howard

3 Filer ID (Ethics Commission Filers)

4 Date

8/27/25

5 Full name of contributor

Sandra Lee

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

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

[Redacted]

Kennedale, Tx 76060

\$250.00

8 Principal occupation / Job title (See Instructions)

Constable

9 Employer (See Instructions)

unknown

Date

8/27/25

Full name of contributor

Markella Nemo

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

[Redacted]

Grand Prairie, TX 75082

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/25

Full name of contributor

Bruce Johnson

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

[Redacted]

Frisco TX 75035

\$20.00

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)

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

Marcel Howard

3 Filer ID (Ethics Commission Filers)

4 Date

9/1/25

5 Full name of contributor

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

Stephanie Huff

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

Dallas, TX 75222

8 Principal occupation / Job title (See Instructions)

elected official

9 Employer (See Instructions)

unknown

Date

09/01/25

Full name of contributor

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

Nancy Mulder

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

Dallas, TX 75220

Principal occupation / Job title (See Instructions)

elected official

Employer (See Instructions)

unknown

Date

09/01/25

Full name of contributor

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

Britni Cunington

Amount of contribution (\$)

\$ 5.00

Contributor address;

City;

State;

Zip Code

Dallas, TX 75220

Principal occupation / Job title (See Instructions)

organizer

Employer (See Instructions)

Common Defense

Date

08/28/25

Full name of contributor

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

Kenneth Sanders

Amount of contribution (\$)

\$ 150.00

Contributor address;

City;

State;

Zip Code

Arlington, TX 76002

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

unknown

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>Marcel Howard</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-3-2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Boris A. Crayton</i>	7 Amount of contribution (\$) <i>\$15.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Dallas TX 75210</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>09-09-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Junior Ezeony</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Grand Prairie TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Volunteer</i>		Employer (See Instructions) <i>Grand Prairie</i>
Date <i>09-06-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia Green</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Carbondale IL 62902</i>		
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions)
Date <i>09-02-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terrance Houston</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Grand Prairie 75052</i>		
Principal occupation / Job title (See Instructions) <i>CSK</i>		Employer (See Instructions) <i>Government</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>Marcel Howard</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-01-2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Britni Curington</i>	7 Amount of contribution (\$) <i>\$5.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Dallas TX 75210</i>		
8 Principal occupation / Job title (See Instructions) <i>organizer</i>		9 Employer (See Instructions) <i>common defense</i>
Date <i>10-10-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jackie Lyons</i>	Amount of contribution (\$) <i>130.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Lewisville, TX 75067</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Davis</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Vicksburg MS 39183</i>		
Principal occupation / Job title (See Instructions) <i>contractor</i>		Employer (See Instructions) <i>US government</i>
Date <i>10-6-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jackie Lyons</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Lewisville TX 75067</i>		
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:	2 FILER NAME <i>Margel Howard</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/16/25</i>	5 Payee name <i>Yes We Can Print</i>
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6 Amount (\$) <i>\$206.41</i>	7 Payee address; <i>606 Oriole</i>	City; <i>Duncanville, TX</i>	State; <i>TX</i>	Zip Code <i>75116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Printed Materials</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17/25</i>	Payee name <i>Act Blue</i>
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Amount (\$) <i>\$53.89</i>	Payee address; <i>Unknown</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking Fee</i>	Description <i>Bank Fee Actblue</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/14/25</i>	Payee name <i>Vincent</i>
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Amount (\$) <i>72.33</i>	Payee address; <i>2357 Bentley Ct</i>	City; <i>Grand Prairie, TX</i>	State;	Zip Code <i>75052</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Political Advertising</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Marcel Howard</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/25</i>	5 Payee name <i>Signage Systems</i>	
6 Amount (\$) <i>\$337.67</i>	7 Payee address; City; State; Zip Code <i>7900 Ferguson Rd Dallas, TX 75228</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Printed Materials</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/14/25</i>	Payee name <i>Everett Jackson</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>132 meadowcrest dr Desoto, TX 75115</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Printed Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/15/2025</i>	Payee name <i>Vincent Fields</i>	
Amount (\$) <i>189.88</i>	Payee address; City; State; Zip Code <i>2357 Bentley Ct Grand Prairie Tx 75052</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Political Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Marcel Howard</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>08/28/25</i>	5 Payee name <i>Latita Mack</i>
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6 Amount (\$) <i>\$ 100.00</i>	7 Payee address; City; State; Zip Code <i>308 S Bentley St Marion IL 62959</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advert. smg expense</i>	(b) Description <i>Social Media</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>9/2/2025</i>	Payee name <i>Everett Jackson</i>
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Amount (\$) <i>120.00</i>	Payee address; City; State; Zip Code <i>132 Meadows Crest Dr Desoto, TX 75115</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Printed Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/11/25</i>	Payee name <i>minute man Press</i>
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Amount (\$) <i>259.80</i>	Payee address; City; State; Zip Code <i>325 North Paul St Dallas, TX 75201</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Printed Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED