

# 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)

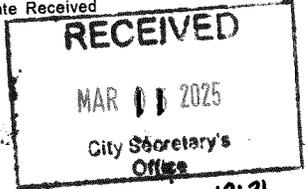
2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR *Mrs* FIRST *Darlene* MI *J*  
NICKNAME LAST SUFFIX  
*Freed*

OFFICE USE ONLY

Date Received



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[Redacted Address]

Date Hand-delivered or Date Postmarked

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

[Redacted Phone Number]

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR *Mr* FIRST *Robert* MI *Williamson*  
NICKNAME LAST SUFFIX  
*Will* *Wickman*

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

[Redacted Address]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

[Redacted Phone Number]

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    THROUGH    Month Day Year  
*3 / 15 / 2025*

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description

General     Special

12 OFFICE

OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)

*Grapevine City Council*    *Office*

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE    COMMITTEE NAME

GENERAL    COMMITTEE ADDRESS

SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES

FORM C/OH-UC  
PG 2

8 C/OH NAME Darlene Freed 9 Filer ID (Ethics Commission Filers)

10 Date 3/8/25 11 Payee name Baylor Scotty White Foundation 13 Amount (\$) \$597.50  
 12 Payee address; City; State; Zip Code  
301 N. Washington Ave.  
Dallas, TX 75246

14 Purpose of expenditure (See instructions regarding type of information required.)  
closed campaign acct - made a donation to a non-profit  
 Check if travel outside of Texas. Complete Schedule T. 15 Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T. Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T. Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T. Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR

FIRST

Darlene

MI

5

NICKNAME

LAST

Freed

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2021 Forest Hills Road  
Grapevine, TX 76051

change of address

4 REPORT TYPE

Annual

Final Disposition

5 PERIOD COVERED

Month

Day

Year

/ /

THROUGH

Month

Day

Year

3 / 15 / 2021

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$

599.50

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$

0

7 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.

*[Handwritten Signature]*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Darlene Freed this the 11th day of March, 2025, to certify which, witness my hand and seal of office.

[Signature] Tara Brooks Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

**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" \*\***

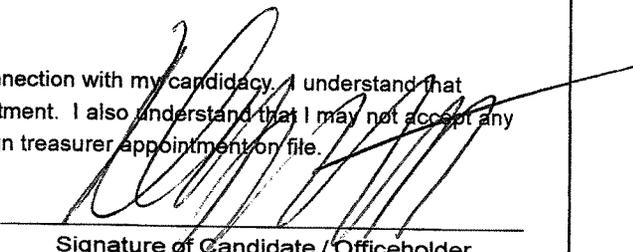
**1 C/OH NAME**

DARlene Freep

**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:

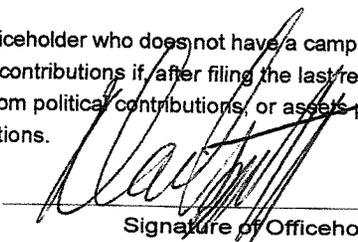
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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