



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Lila Deakle		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,016.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 340.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

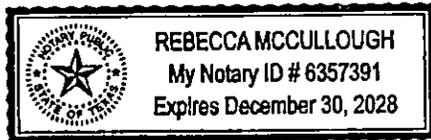
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Lila Deakle*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lila Deakle this the 15 day of January

20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Rebecca McCullough Title of officer administering oath: PC Treasurer

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**

Lila Deakle

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,325.00
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	\$ 4,016.71
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: <b>2</b>
2 FILER NAME <b>Lila Deakle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/07/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Dave Deison</b> 6 Contributor address; City; State; Zip Code <b>109 W. Church St, Weatherford, Tx 76086</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>CPA</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>01/08/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ed Huddleston</b> Contributor address; City; State; Zip Code <b>2110 Ft Worth Hwy, Weatherford, TX 76086</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>11/10/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>George Conley</b> Contributor address; City; State; Zip Code <b>115 Choctaw Ridge, Weatherford, TX 76085</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Commissioner PCT 1</b>		Employer (See Instructions) <b>Parker County</b>
Date <b>11/17/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Claudette M. Parker</b> Contributor address; City; State; Zip Code <b>3934 Garrett Springs Dr, Powder Springs GA 30127</b>	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>US Navy Retired</b>		Employer (See Instructions) <b>Retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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
2 FILER NAME Lila Deakle		3 Filer ID (Ethics Commission Filers)
4 Date 12/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Stanley 6 Contributor address; City; State; Zip Code 9115 Argyle Road, Irvington Ala 36544	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) Stanely and Sons Seafood		9 Employer (See Instructions) Self
Date 12/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Ben Deakle Contributor address; City; State; Zip Code 809 Richmond RD, Edmond, OK	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) Edmond Seafood		Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Lila Deakle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Parker County Today	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; City; State; Zip Code 114E Church St A, Weatherford, TX 76086	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Pol Ad	<b>(b)</b> Description Newsblast AD
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Lila Deakle	Office sought County Clerk
		Office held County Clerk
Date 12/27/2025	Payee name Parker County Today	
Amount (\$) 750.00	Payee address; City; State; Zip Code 114E Church St A, Weatherford, TX 76086	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Pol Ad	Description Newsblast AD
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Lila Deakle	Office sought County Clerk
		Office held County Clerk
Date 12/07/2025	Payee name Now Magazine	
Amount (\$) 849.00	Payee address; City; State; Zip Code 327 N. Grand Ave Ste 1, Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Pol Ad	Description 1/2 Page Ad Magazine
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Lila Deakle	Office sought County Clerk
		Office held County Clerk

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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	Printing 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			

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<b>1</b> Total pages_Schedule F1: 3	<b>2</b> FILER NAME Lila Deakle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/14/2026	<b>5</b> Payee name Now Magazine	
<b>6</b> Amount (\$) 849.00	<b>7</b> Payee address; City; State; Zip Code 327 N. Grand Ave Ste 1, Waxahachie, TX 75165	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Pol Advertising	<b>(b)</b> Description 1/2 page AD
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lila Deakle	Office sought County Clerk
		Office held County Clerk
Date 01/09/2026	Payee name Costco	
Amount (\$) 45.98	Payee address; City; State; Zip Code 310 Center Point Rd, Weatherford, TX 76086	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Cookies for Forum
	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 Lila Deakle	Office sought County Clerk
		Office held County Clerk
Date 01/09/2026	Payee name Office Depot	
Amount (\$) 22.73	Payee address; City; State; Zip Code 202 I-20, Weatherford, TX 76086	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pol Advertising	Description Gift bag tags
	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 Lila Deakle	Office sought County Clerk
		Office held County Clerk

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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			

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<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Lila Deakle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/08/2025	<b>5</b> Payee name Parker County Republican Party	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; City; State; Zip Code 908 S. Main Ste G, Weatherofrd, TX 76087	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Filing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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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