CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY C Jon **OFFICEHOLDER** MR NAME SUFFIX NICKNAME APR 1 0 2023 ZIP CODE ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** Northlahe TX 76247 2484 Ein Place MAILING **NORTHWEST ISD ADDRESS** Superintendent's Office Change of Address Date Hand-delivered or Date Postmarked PHONE NUMBER **EXTENSION** AREA CODE 5 CANDIDATE/ email 4-10-23 **OFFICEHOLDER** (917) 602-2846 PHONE Receipt # FIRST MS / MRS / MR 6 CAMPAIGN C TREASURER MR Date Processed NAME NICKNAME SUFFIX Date Imaged Penderacss STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CAMPAIGN TREASURER 76247 2424 ELM Place Northlake TX**ADDRESS** (Residence or Business) **EXTENSION** AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER (817) 602-2846 PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD COVERED 4 /6 /23 01/18/23 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Runoff Other Description

attempt

12 OFFICE

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

5 / 6 / 23

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE HELD (If any)

COMMITTEE TYPE

GENERAL

SPECIFIC

GO TO PAGE 2

Special

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.

13 OFFICE SOUGHT (if known)

NISD Board Place

CANDIDATE / OFFICEHOLDER

FORM C/OH **COVER SHEET PG 2**

CAMPAIGN	N FINANCE REPORT	
15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,769.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4657.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,111.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true and conquired to be reported by me under Title 15, Election Code.	SuM
	Signature of Candidate	or Officendider
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP / SEA	AL.	
Sworn to and subscribed	before me by this the	_ day of
20, to certify	y which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		/ / ama
My name is	and my date of bird to	5/1978 76247, USA.
My address is 242	(-4-4-)	(zip code) (country)
Executed in D-m+	(street) (city) (state) County, State of Texas, on the day of (month)	20 <u>23</u> .
	Signature of Candidate/Off	ceholder (Declarant)
I		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Jou Rundergrass 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,769.0
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	\$ 4657. 96
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	\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

n and to que			
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Jon Pendergrass		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
2/9/23	Grant Skeldon 6 Contributor address; City; 707 Memorray DR. Washville	State; Zip Code TN 37211	\$ 326.58
8 Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
minist	, , , , , , , , , , , , , , , , , , , ,	Tracher.	
Date	Full name of contributor ut-of-state PAC (Amount of contribution (\$)
2/9/23	Philie Box Contributor address; City;		\$ 48,95
	5716 Bermuda DR. NRt		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Finan	ce	Fibelity	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/9/23	Ben Factor Contributor address; City; 1104 Drake cove Lyano	State; Zip Code der TX 78641	\$ 196.10
Principal occili	pation / Job title (See Instructions)	Employer (See Instruc	
	tive manager	chich fil	A
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/9/23	David winston Contributor address; City;	State; Zip Code	\$ 980 . 90
	8238 coller way Dullas	TX 75052	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
Finance	ce	ninstan wealth	mgT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii tilo requoe	tod intofficialist to her specialist, and	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	Jon Rundergrass	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/33	5 Full name of contributor	7 Amount of contribution (\$)
	3000 mountain work Plany Dallys TX, 750	ι(
8 Principal occup	pation / Job title (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/12/23	Contributor address; City; State; Zip Code 5717 Walden DR. Plano TX 75093	\$ 490.40
Principal occup	nation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/14/23	Contributor address; City; State; Zip Code	# 98.00
Principal occup	1960 mck, nmy Auc # A0 Daus TX 7500 Dation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/10/23	Drew Horner Contributor address; City; State; Zip Code 313 Ridgewood DR. Richardson TX 75080	\$ 98.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
		<i>y</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the re

		i include this page in th	е героп.
TI	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1;
2 FILER NAM	Jon Pendergrass.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
3/19/23	Date weests 6 Contributor address; City; 4113 Sunflower Lane	State; Zlp Code	\$ 98.00
8 Principal occ	supation / Job title (See Instructions)	12mple 1x,7650	*
Retire		9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state in Jennifer Penders		Amount of contribution (\$)
2/10/23	Contributor address; City;	State; Zlp Code	\$ 100.00
	2625 Collier Worth	· LE TK, 76247	V
Principal occup		Employer (See Instruct	•
Hair stu	1634	DU8 salow	
Date	Full name of contributor	AC (ID#:)	Amount 5 to 10
. 1 / 1 - 1	Janes 171-5-L	1,10-12	Amount of contribution (\$)
2/10/23	Contributor address; City; State; Zip Code		\$ 100.00
	3216 marquette 5+, Da atlon / Job title (See Instructions)	allas TX, 75225	,
	,	Employer (See Instruction	ons)
Owner	2.	The write choice	و
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2/10/23	Alex lee		
	Contributor address; City;	State; Zip Code	\$ 100.00
Principal occupa	tion / Job title (See Instructions)	Francis (0	
unkno	·	Employer (See Instruction Vn known	ns)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Jon Rendorgrass.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
2/13/23	Todd von Helms. 6 Contributor address; City; d400 Beach view ct. Raleigh	State; Zip Code	\$ 300.00		
		9 Employer (See Instruct	tions)		
7/80 1/07/07	,	W south property and			
Autho	or - teacher	Kings college			
Date		(ID#:)	Amount of contribution (\$)		
2/9/23	Peter Johnsen Contributor address; City; 35/3 university Bluel De	State; Zip Code	\$ 20,00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	_	(ID#:)	Amount of contribution (\$)		
2/6/23	Contributor address; City; 2424 elm Place Worthlok		\$25.00		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Directo		DBU			
DIRCH	· Ru	0.00			
Date		(ID#:)	Amount of contribution (\$)		
2 /9/13	Full name of contributor out-of-state PAC Cowfrey fundersess Contributor address; City; 2424 Elm Place Northble	State; Zip Code	Amount of contribution (\$)		
2/9/23	Courtney fundergrass City;	State; Zip Code	\$ 1.00		
2 /9/13 Principal occup	Contributor address; City; 2424 elm Place Worth Like Dation / Job title (See Instructions)	State; Zip Code	# /. 00		
2 /9/13 Principal occup	Courtner lundergrass Contributor address; City; 2424 elm Place Northble	State; Zip Code 76247 Employer (See Instruc	# /. 00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Jou Penderzoa 55		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/13/23	Jim stergess 6 Contributor address; City;	State; Zip Code	\$ 300 -00-
	9216 Challe ct. NRH	TX 76/83	
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
2/16/23	Zvana Ford Contributor address; City; 240 whistling Duch 6	Y 10	\$ 1000,00
	<u> </u>	Employer (See Instruct	
	ation / Job title (See Instructions)	Employer (See matrace	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/8/23	Scott Mcbrusel Contributor address; City; 650 E. Huy 121 # 650 W	State; Zip Code	. \$ 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		: (ID#:)	Amount of contribution (\$)
3/17/23	Stylin Boyd Contributor address; City;	State; Zlp Code	\$ 476.45
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
		Smator famies	Lankford.

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.					
2 FILER NAME Jon Pundergrass	3 Filer ID (Ethics Commission Filers)				
	PAC (ID#:) 7 Amount of contribution (\$)				
margaret Frank 3/22/23 6 Contributor address; City; 5614 Brookshive DA Dalla	State; Zip Code # 10/000. 00				
5614 Brookshive DR Dulla	75230				
8 Principal occupation / Job title (See Instructions) Refined	9 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)				
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)				
Date Full name of contributor out-of-state	e PAC (ID#:) Amount of contribution (\$)				
Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
	*				
*					
ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEEDED Instruction guide for additional reporting requirements.				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 Schedu	ılə A2:
2 FILER NAME			3 Filer ID (Ethics Co	mmlssion Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
Ŷ			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zlp Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	ULE AS NEEDED	n requirements.

If contributor is out-of-state PAC, please see instruction guide for ad

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State; Zip			1
			-	Check if travel outs	I. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions) 11 Emplo	oyer (See	Instructions)	
	Date	Full name of piedgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip			
				Check if travel outs]. lide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions) Empl	oyer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip	Code		†
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occuj	pation / Job title (See Instructions) Empl	loyer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Co	ode		t L
				Check If travel outs	ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instructions) Empl	loyer (See	Instructions)	
F	,				-
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDU		r roquiromente

SCHEDULE E LOANS

	If the requested information is not applicable, DO NOT include this page in the report.					
	The Instruction Guide explains how to complete this form,					
2	FILER NAME		(1)	3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
	Y N					
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor	_ vor associations in	19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)			
	if le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEI	EDED porting 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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Office Overhead/Rental Expense Contributions/Donations Made By Polling Expense Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel In District Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 2113 (23 6 Amount (\$) State; Zip Code 2424 elm Place \$do.00 Misshlere 76247. (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Accounting/ Banking **EXPENDITURE** open venmo acet refind Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH WISD Board PLG Date Payee name 2/24/23 Name Badges , com Amount (\$) Zip Code \$ 56.43 12240 Sw 53rd St Suite 511 Cooper city FL 33330 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF frinting expuse EXPENDITURE Personal name badge Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held NISD Board PL 6 Payee name 2/24/23 Name badge . com Amount (\$) Payee address: \$20.97 Zip Code 12240 sw 53rd st suite 511 cooper city FL 33330 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Personal name badge Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought NISD 5 chool Board PL 6

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
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 Salarles/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 2/27/23 Office Max City; State: Zip Code #27.06 Flower mound 6060 Long Prarie 75208 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Business cards. Printing expanse EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH NISD school Board PL 6 Payee name 2/27/23 AMGZON, Low Zip Code State: Amount (\$) Payee address; \$ 28.13 VU known Description Category (See Categories listed at the top of this schedule) **PURPOSE** Lebel maker Printing expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NISD school Board PL 6 Payee name Date wells fargo bank 3/13/23 State; Zip Code City; Amount (\$) Pavee address: \$ 12.00 unknown Description Category (See Categories listed at the top of this schedule) PURPOSE OF FEE Accounting / Bushing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NISD School Board PLG 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) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Glft/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date ree name Edgeston Strutegics Zip Code 1540 Keller 1 kerry # 108-402 Keller (a) Category (See Categories listed at the top of this schedule) (b) Description 8 flyers for campaign **PURPOSE** Print expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct MISD Board PL 6 expenditure to benefit C/OH Pavee name Payee address; City; 3/15/23 Zip Code Amount (\$) #737.44 1152 A StoreHollow DR. Suite 100 Austin 78758 Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) PURPOSE Yard signs EXPENDITURE lint expuse Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NISD Board PL & Payee name Fureso banh 3/16/23 Wells Zip Code City; State; Payee address; Amount (\$) buhnown Description Category (See Categories listed at the top of this schedule) Bank fee for checks Printed PURPOSE OF Accounting / Banking **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

NISD Board PLG

Office sought

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense 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/Fundralsing Expense Transportation Equipment & Related Expense
Travel in District Travel Out Of District Other (enter a category

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	Provided by Texas Etnics Commission		ATTACH ADDITIONAL COPIES OF THIS SOURDING TO 15

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Service	ge Expense //emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol	Event Expense Fees Food/Beverage Expense e By Gif/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Experiment in District Travel In District Travel Out Of District Other (enter a category not listed above)
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAM	îE	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	HIVE TO SERVICE THE SERVICE TH
	Address of person from whom investment is purchased;	City; State; Zlp Code
	Description of Investment	
1	Amount of Investment (\$)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATE	GORIES FOR ROY 10/21	
Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Description OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Description OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
_	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officehalder living exp	pense
9 Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living ex	pense
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Fi
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zlp Code
PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)
Pate	Payee name	
mount (\$)	Payee address;	City State Zip Code
PURPOSE OF XPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

	ting hade in rie lebolt.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
ME	3 Filer ID (Ethics Commission Filers)
5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; Cit	y: State; Zip Code
7 Purpose for which amount is received	Check if political contribution returned to filer
Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City	
Purpose for which amount is received	Check if political contribution returned to filer
Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City;	State; Zip Code
Purpose for which amount is received	Check if political contribution returned to filer
Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City;	State; Zip Code
Purpose for which amount is received	Check If political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCI	HEDUI FAS NEEDED
	The Instruction Guide explains how to complete this form. ME 5 Name of person from whom amount is received; Cit 7 Purpose for which amount is received Name of person from whom amount is received; City Purpose for which amount is received Name of person from whom amount is received; City Purpose for which amount is received Name of person from whom amount is received Address of person from whom amount is received; City; Purpose for which amount is received: City; Address of person from whom amount is received: City; Name of person from whom amount is received: City;

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T 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 T: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule D Schedule F4 Schedule F1 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule D Schedule F4 Schedule F1 Schedule G Schedule H Schedule COH-UC Dates of travel Schedule B-SS Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule D Schedule F4 Schedule F1 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED