CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics	Cammission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M.R.	FIRST		Č.	OFFICE USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date RECEIVED
4 CANDIDATE/	ADDRESS / PO BOX;	Vendergra APT / SUITE #	CITY; STATE;	ZIP CODE	APR 2 7 2023
OFFICEHOLDER MAILING ADDRESS		<i>a</i> , ,,	u1 /	7/2/2	NORTHWEST ISD Superintendent's Office
Change of Address	2924 ELW	1 Place No.	Muke 1x	16271	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 02 - 2846	EXTENS	SION	Date Hand-delivered or Date Postmarked Wall 4-21-23 Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	MR.	Jon		SUFFIX	Date Processed 4-27-23
	NICKNAME	Penderar	455	0011130	Date Imaged 4-27-23
7 CAMPAIGN	STREET ADDRESS (F		/ SUITE #; CIT	Υ;	STATE; ZIP CODE
TREASURER ADDRESS				v 20	2/2/17
(Residence or Business)	2424 ELM	r place	north lake	TX	76247
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	SION	
FIONE	(817) 6	02 - 2846			
9 REPORT TYPE	January 15	30th day before	re election R	unoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	election 1 1	ceeded Modified eporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year
COVERED	01 /	18 / 2023	THROUGH	4 ,	/ 27 / 2023
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	
	Month Day	Year Prima	ary Runoff	Other Description	
	8/6/	23 Gene	ral Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE	SOUGHT (If know	
			WIST	D Board	L Place 6
14 NOTICE FROM POLITICAL					MADE BY FOLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			- VIIICALE A
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME		
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	FINANCERE	FUIXI					
15 C/OH NAME				16 F	iler ID (E	Ethics Commissi	on Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOAN	ZED POLITICAL CO NS, OR GUARANTE S MADE ELECTRO	ONTRIBUTIONS (OT ES OF LOANS, OR NICALLY)	HER THAN	\$		W-017)
	2. TOTAL POLITION (OTHER THAN PL	CAL CONTRIBUTI LEDGES, LOANS, C	ONS OR GUARANTEES (OF LOANS)	\$	19,418,	72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EX	PENDITURE.		\$		
N1575 21300 Per 200 Pe	4. TOTAL POLITIC	CAL EXPENDITUR	RES		\$	19,30	7.96
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING		S MAINTAINED AS (OF THE LAST DA	\$	11	0.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA LAST DAY OF TH	AL AMOUNT OF ALL HE REPORTING PE	OUTSTANDING LO	DANS AS OF THE	\$		
(1) Affidavit		ase complete	Signal Signal	ature of Candida	te or Of	fceholder	
NOTARY STAMP/SEA	before me by			this the	da	v of	,
	which, witness my hand and s						
Signature of officer administe	ring oath Prin	ited name of officer a	dministering oath		Title	of officer admi	nistering oath
(OR							
(2) Unsworn Declaration My name is	Landergras	2	and my date (city) on the $\sqrt{27}$	(state)	1,000,000		/S ₱₽ untry)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	nmission Filers)			
		Jon Pendergrass		
21		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,418,72
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 19,307,96
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 FUN	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

SCHEDULE A1

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

ii alo loquo	tod unomitation to the approximation		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Jon Pendergrass		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/23	5 Full name of contributor out-of-state PAC Grant Skeldon 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$ 326 \cdot 58
8 Principal occup	sation / cop and (cop men cone)	9 Employer (See Instruct Tracher.	ions)
Date	Full name of contributor	8 (Amount of contribution (\$)
2/9/23	Philip Box Contributor address; City; 5716 Bermuda DR. NR		\$ 48,95
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ilons)
Finan	CP	Fibelity	
Date	Full name of contributor	0	Amount of contribution (\$)
2/9/23	Ben Faction Contributor address; City; 1104 Drake cove Lean	State; ZIp Code der TX 78641	\$ 196.10
•	nation / Job title (See Instructions) tive managen	Employer (See Instruction Chich File	
Date		(ID#:)	Amount of contribution (\$)
2/9/23	David Winston Contributor address; City;	State; Zip Code	\$ 980.90
	8238 cofferway Dulla	5 TX 75252	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	•
Financ	e	ninstan wealth	mat

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 report.						
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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
2/12/23	6 Contributor address; Clty; State; Zlp Co					
	3000 mountain week Plany Dallys TX	, 75011				
	pation / Job title (See Instructions)	ee Instructions)				
E O uca	tion DBU					
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)				
2/12/23	Contributor address; City; State; Zip Co 5717 Walden DR. Plano TX 750	de \$ 490,40				
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)				
Date	Full name of contributor	Amount of contribution (\$)				
2/14/23	Tara Colble Contributor address; City; State; Zip Co	14				
	1900 mchinney Ave # AD Dallas TX	7500				
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)				
Date	Full name of contributor	Amount of contribution (\$)				
3/10/23	Drew Horner Contributor address; City; State; Zip Co 313 Ridgewood DR. Richardson TX	de H C C - D				
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)				
=						
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE 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 report.

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	In Pendergrass.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
3/19/23	Dale weests 6 Contributor address; City; 4113 Sunflower Lane	State; Zlp Code Temple X 76502	\$ 98.00
8 Principal occup Retire	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
2/10/23	Jennifer Pendersy Contributor address; City;		\$ (00.00
	2625 cosbler Worth	le 1x, 16241	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Hair stu	162+	DUS salow	
Date		.c (ID#:)	Amount of contribution (\$)
2/10/23		State; Zlp Code	\$ 100.00
	3216 marquette st, Do	allas TX, 75225	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
owner	2.	The write choice	و
Date	-	C (ID#:)	Amount of contribution (\$)
2/10/23	Alex lee Contributor address; City;	State; Zip Code	\$ 100.00
	unknown		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
unan	un	vnknoan	

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 report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jon Rendergrass.	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	Todd von Helms. 6 Contributor address; City; State; Zip Code 2400 Beach view ct. Raleigh NC 27615	\$ 300 .00
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
G22 /2	or - teacher Kings college	e
Date	Full name of contributor	Amount of contribution (\$)
2/9/23	Peter Johnson Contributor address; City; State; Zip Code 3513 university Blue Dalles TX 75205	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
2/6/23	Contributor address; City; State; Zip Code 2424 elm Place Worthlok TX 76247	#25.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Directo	e DBu	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/9/23	Courtney funders ass Contributor address; City; State; Zip Code 2424 elm Place North We TX 76247	\$ 1.00
Principal occur	pation / Job title (See Instructions) Employer (See Instru	ctions)
1190 2 - 2 - 2	L Design the west fire	n -

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SCHEDULE A1

If the requested information is not applicable, bo Not include this page in the report.					
The	Instruction Guide explains how to complete this 1	orm.	1 Total pages Schedule A1;		
2 FILER NAME	Jou Jenderzoa 55		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC (7 Amount of contribution (\$)		
2/13/23	Jim stergess 6 Contributor address; City; 9216 Challe Ct. NRH.	State; Zip Code	\$ 300 00		
	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
2/18/23	Contributor address; City; 240 Whistling Duch Le	State; Zip Code N. Double oak TX	\$ 1000°00		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct			
	tred				
Date	Full name of contributor		Amount of contribution (\$)		
3/8/23	SCOH Mcbrugel Contributor address; City; 650 E, Huy 121 # 650 be	State; Zlp Code	\$ 1000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
3/17/27	Styphen Boyd Contributor address; City;	State; Zlp Code	\$ 476.45		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	<i>-</i>		
Directo	r_	Smator famies	Lankford.		

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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	Jon Rundergrass		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
	margaret Frank					
3/22/23	margaret Frank 6 Contributor address; City;	State; Zip Code	\$ 10,000.00			
	5614 Brookshive DR Dallas -	X 75230				
	4	9 Employer (See Instructi	ons)			
Reti	red					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Edward Perkins					
4/10/33	Contributor address; City;	State; Zip Code	\$49.63			
9/10/83	16524 cowboy trail Ju	stm TX 76247	<i>'</i>			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi				
Technic	ian	Paraplese n	notor cars			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
4/18/23	Full name of contributor out-of-state PAC Moutgomery Bennett Contributor address; City;	State; Zip Code	\$ 2500.00			
77.57	14195 Dallas Pkwy # (100) allas	TX 75254				
Principal occup	pation / Job title (See Instructions)					
Real	state-GEO	Ashfor	rd			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
4/23/23 Michelle Slater Campaign Contributor address; City; State; Zlp Code \$ 1000.00						
,	1356 Amazon DR Just	in TX 76247	φ (σου σο			
·	pation / Job title (See Instructions)	Employer (See Instruct				
Execu	tive - Hand of Architecture	Platymat	7017			
		The state of the s				

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 report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	Jon Rundergruss		3 Filer ID (Ethics Commission Filers)				
4 Date 4/19/23	5 Full name of contributor out-of-state PAC Oct Johnson 6 Contributor address; City;	State; Zip Code	•				
8 Principal occu	3119 Stanford Ct, Tylex pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
	twed	mourstry					
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date		C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)				
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code	_				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ptions)				
£ .	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State;	Contribution \$ description		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (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 In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF I	on guide for additional reporting requirements.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

ii alo roquotica iiii alianti ii appiration, per a seri						
	The	Instruction Guide explains how to complete this	1 Total pages Sched	ule B:		
2	FILER NAME	110		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES		\$		
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; City; St.	ate; Zlp Code		1	
				Check if travel outs	lde of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; St	ate; Zip Code			
				Check if travel outs	. de of Texas, Complete Schedule T.	
	Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)	· — — — — — — — — — — — — — — — — — — —	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; St	ate; Zip Code		 	
				Check if travel outs	l ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State	; Zip Code		[] [
				Check if travel outs	ide of Texas. Complete Schedule T.	
	Principal occup	ation / 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.					

LOANS SCHEDULE E

	ii tile requested	illioithation is not applicable, borton			
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		\$	
5	Date of loan	100000000000000000000000000000000000000	AC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
	Y N			11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral			Check if personal fund account (See Instruction	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	not applicable				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	_	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
	Institution?			Maturity date	
		on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral			Check if personal funds were deposited into political account (See Instructions)		
	none		assam (ose mandet		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zlp Code		
	not applicable				
	Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	If lo	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	EDED porting requirements.	
	11 10				

SCHEDULE F1

	EXPENDITURE CATEGOR	OKIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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 not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Punders 1055.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
2113 (23	Jan Pundergrass		State: Zip Code
6 Amount (\$)	7 Payee address;	City;	State, Lip Seas
\$20.00	2424 elm Place	Wishlare	1× 76247.
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Accountry Banki	ng open venn	no acct refund
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		NISD Bows	4 86 6
Date	Payee name		
2/24/23	Name Badges , co	m	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 56.43	12240 Sw 53rd St	- Suite 511 C	woper eity FL: 33130
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Printing expuse	Personal r	rame badge.
	Check If travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	I	NISD Boo	ard PL b
Date	Payee name		
2/24/23	Name badge . com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 20.97	12240 SW 53rd st	suite 511 Co	oper city FL 33330
79.	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE			1 1-
OF EXPENDITURE	Printing expense	(ersona)	name bodge.
	Check if travel outside of Taxas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		NISD 5 chool	Board PL b
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

	EX	PENDITURE CAT	EGURIES	OK BUA 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Polling Expense Sit/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Was		pense Travel In District pense Travel Out Of Edges/Contract Labor Other (enter a contract Labor Pages/Contract Labor Other (enter a contract Labor Pages/Contract Pages/Contra		ulpment & Related Expense			
Cledit Cald Fayment	The In	struction Gulde expla	ins how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	endergras	5		3 Filer ID (Eth	ics Commission Filers)		
4 Date 2/27/23	5 Payee name	Nax						
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code		
\$27.06	6060 Long Prarie RD Flower mound TX 75208							
8	(a) Category (See Cate	egories listed at the top of t	nis schedule)	(b) Description				
PURPOSE								
OF EXPENDITURE	Printing ,	examso		Campaign	Dusine	ss cards.		
EXPENDITORE		vel outside of Texas. Complete	e Schedule T		Check if Austin, TX, officeholder living expense			
			00010001011	Office sought		Office held		
9 Complete ONLY if direct candidate / Officeholder name expenditure to benefit C/OH Candidate / Officeholder name Office sought NISD 3 class Beard PC			2 -1 00 6	-				
				OLZ D. SECHADIC I	Soard IL &			
Date	Payee name							
2/27/23	Amaz	on, com	_			7:- O- de		
Amount (\$)	Payee address;			City;	State;	Zip Code		
\$ 28.13	vn know	vn						
	Category (See Cate	gories listed at the top of th	is schedule)	Description				
PURPOSE				l				
OF EXPENDITURE	Printing	expense		Lebel nech	er_			
	Check if tra	vel outside of Texas. Complet	e Schedule T.	Check If Aust	in, TX, officeholder liv	ing expense		
Complete ONLY if direct	Candidate / Office	ceholder name		Office sought		Office held		
expenditure to benefit C/OF	I		м	UISD school	Rand 01 1	4		
				0(50 554004)	SOUTH PLA			
Date	Payee name							
3/13/23	wells	fargo b	mh					
Amount (\$)	Payee address;			City;	State;	Zip Code		
\$ 12.00	vn knou	n						
	Category (See Cate	gories listed at the top of th	is schedule)	Description				
PURPOSE								
OF EXPENDITURE	Accounts	y/ Bankon	5	FEE				
		vel outside of Texas. Complet	e Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense		
Oncolote ONIV is direct	Candidate / Off			Office sought		Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF					A Bourd O.	1.6		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	AT FACH A	UDITIONAL COPIE	SUP INIS	SOUEDOFF WO ME		<u> </u>		

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Salarles/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Edgeston Strutegies 2/25/23 6 Amount (\$) 7 Payee address; Zip Code 1540 Keller Plany # 108-402 Keller TX (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** flyers for campaign Print expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct NISO Board PL 6 expenditure to benefit C/OH Prints on techeap. Com 3/15/23 State: Zip Code Amount (\$) 1152 A StoreHollow DR. Suite 100 Austin TX 78758
Category (See Categories listed at the top of this schedule) Description \$737.44 PURPOSE Yard signs EXPENDITURE lint expense Check if Austin, TX, officeholder living expense Check if travel outside of Texes. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NISD Board PL & Payee name Wells furgo bank 3/14/23 Zlp Code City; State: Amount (\$) Payee address; buhnown Description Category (See Categories listed at the top of this schedule) Bank free for checks Printed PURPOSE Accounting / Banking EXPENDITURE Check if travel outside of Taxas. 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 Board PL G

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political						
Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jon Pendergress 3 Filer ID (Ethics Commission Filers)					
4 Date 3/k/23	5 Payee name Campaign Solutions 7 Payee address; City; State; Zip Code					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$ 1000.00	P.o. box 1454 collequille TX 76034					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Cousulting expense consultant fre.					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held						
Date	Payee name					
3/21/23	Homeland Grocery store					
Amount (\$)	Payee address; City; State; Zip Code					
\$ a0.31	904 west 2st street Justin TX 76247					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Food Beverage expense for goests.					
	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office hold NISD Board PL 6.					
D-4-	Payee name					
3/27/23	Campaign Solutions					
Amount (\$)	Payee address; City; State; Zip Code					
\$ 2115 .00	1.0. box 1454 collequille TX 76034					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Printing expense Flyers, yard signs, 4x4 signs					
	Check if Kaustin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held NISD Baard (L 6					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District 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 Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 4/5/23 Zip Code 7 Payee address; 6 Amount (\$) N US Hwy 377, Roanole TX 76262 \$181.62 PURPOSE Political sign stakes / zipties OF other EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH NISD BOARd Campaign Solutions Payee address; Zip Code 76034 \$ 1000.00 P.o. box 1454 Colleguille Category (See Categories listed at the top of this schedule) Description PURPOSE OF Consulting expense EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Board NISD Payee name Date 4/23/23 Campaign Solutions Payee address; Zip Code City; State; 13,250.00 76034 Description **PURPOSE** OF Printing expense Mailers EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct Board PL 6 expenditure to benefit C/OH NISD

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

Evant 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1;	2 FILER NAME Jon Renders rass	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/23	5 Payee name Cam Paign Solutions	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 400.00	P. o. Sox 1454 Culluy ville (a) Category (See Categories listed at the top of this schedule)	TX 76034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		I I all a malada a
EXPENDITURE	Advertising Expense	Yard signs + stakes
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	NISD Board PL 6
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>QNLY</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/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overfread/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Gulde explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID	(Ethics Com	mission Filers)
4 TOTAL OF UNITER	MIZED UN	PAID INCURRED	OBLIGATION	S	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	S	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the t	op of this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officehol	der living exp	ense
11 Complete ONLY If direct expenditure to benefit C/Oh		didate / Officeholder nar	me C	ffice sought	C	Office held	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	S	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	olítical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the t	op of this schedule)	Description			
		Check if travel outside of Texas. (Complete Schedule T.	Check if Au	ustin, TX, officeho	older living ex	pense
Complete <u>ONLY</u> If direct expenditure to benefit C/Oh		didate / Officeholder nar	me C	office sought		Office held	
	ATTAC	H ADDITIONAL COP	IES OF THIS S	CHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom Investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Travel In District Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD S 6 Payee name 5 Date Zip Code 8 Payee address; City; State; 7 Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if Auslin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cmdlf 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 Selaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politik Credit Card Payment	cal Committee Legal Services Suitines The Instruction Guide explains how to	complete this form.	Other (union a category normal and a categor
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1,000
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code
Reimbursement from political contributions intended		W	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Austin.	, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	, 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 NEED	DED

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) Loan Repayment/Relmbursement Office Overhead/Rental Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Politing Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name Zip Code State: 6 Amount (\$) 7 Business address; City; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code State: Business address; City; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Business name Zip Code City; State: Amount (\$) Business address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE |

	The Instruction Guide explains how to comp	olete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See required.)	a instructions regal	ding lype of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	f Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED		

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

SCHEDULE K

The	dule K:		
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Ste	ite; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check If	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

If the requested in	If the requested information is not applicable, DO NOT include this page in the report.					
The Instru	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 O	rganization / Pledgor	r / Payee		
5 Contribution / Expendi	iture reported	on:	-		-	
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2						
6 Dates of travel	7 Name of	person(s)	traveling			
	8 Departu	e city or na	ame of departure loc	ation		
	9 Destinati	on city or r	name of destination I	location		
10 Means of transportation	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee		
Contribution / Expend	iture reported	on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2						
Dates of travel	Name of	person(s)	traveling			
	Departu	e city or na	ame of departure loc	ation		
~	Destinat	ion city or	name of destination	location		
Means of transportati	on	Purpo	se of travel (includin	g name of conference,	, seminar, or other event)	
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee		
Contribution / Expend	iture reported	on:				
Schedule A2	Schedu		Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2						
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportati	on	Purpo	se of travel (includin	g name of conference,	, seminar, or other event)	
	A7	TACH AD	DITIONAL COPIE	S OF THIS SCHEDUI	LE AS NEEDED	

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 N	AME 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 NOTAN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Checi	c 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 filling 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.							
	В.	ASSETS							
	Checl	k 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	OFFICE	EHOLDER							
_	• Com	plate 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 filling 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							