

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Lisa L NICKNAME LAST SUFFIX Saucedo	OFFICE USE ONLY Date Received RECEIVED APR 26 2019 Board of Education	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 100174 Fort Worth TX 76185	Date <u>Hand-delivered</u> or Date Postmarked 4-26-19	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (817) 703-1098		Receipt # Amount \$
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Ms. Sarah R NICKNAME LAST SUFFIX Nader		Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2211 Weatherbee St Fort Worth, TX 76110 (Residence or Business)		
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION (817) 480-2354		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 04 / 05 / 2019 04 / 25 / 2019		
10 PERIOD COVERED	11 ELECTION ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 ELECTION	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Worth ISD Board of Trustees, District 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Lisa Saucedo **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

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


<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 925.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 12.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,931.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,617.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.

Lisa Saucedo
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa L. Saucedo, this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Lisa Saucedo</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>925.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,934.74</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
Lisa Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Barton Smith

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
2041 Wilshire Blvd Fort Worth, TX 76133

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Shannon Velayos

Amount of contribution (\$)

4/5/19

Contributor address; City; State; Zip Code
4208 Inwood Rd Fort Worth, TX 76109

\$ 50.00

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Better Homes & Garden Realty

Date

Full name of contributor out-of-state PAC (ID#: _____)
Brie Diamond

Amount of contribution (\$)

4/6/19

Contributor address; City; State; Zip Code
3809 Walnut Ave Fort Worth, TX 76133

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Phillip Sanchez

Amount of contribution (\$)

4/6/19

Contributor address; City; State; Zip Code
4904 Saint Lawrence Fort Worth, TX 76103

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Lisa Saucedo		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Jack 6 Contributor address; City; State; Zip Code 3701 Echo Trail Fort Worth Tx 76109	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Varghese Summersett, PLLC
Date 4/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Tempel Contributor address; City; State; Zip Code 3318 Avondale Fort Worth, Tx 76109	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions)
Date 4/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Lovelace Contributor address; City; State; Zip Code 2314 5th Avenue Fort Worth, Tx 76110	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lovelace Law, PC
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Parnell Contributor address; City; State; Zip Code 4245 Rainer Ct Fort Worth, Tx 76109	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FWISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Lisa Saucedo		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie Linville	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 2424 Rogers Ave Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Lisa Saucedo	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/19	5 Payee name Parmer Consulting	
6 Amount (\$) \$1,261.04	7 Payee address; City; State; Zip Code 3559 Williams Rd Fort Worth, Tx 76114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting, Printing	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/19	Payee name Parmer Consulting		
Amount (\$) \$3,461.01	Payee address; City; State; Zip Code 3559 Williams Rd Fort Worth, Tx 76114		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting, mail	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/19	Payee name Raise the Money		
Amount (\$) \$12.03	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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