

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: **109**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

Ms. Trischelle A

NICKNAME LAST SUFFIX

Strongy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

4509 Rolling Hills Drive Ft. Worth TX 76119

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 221-9833

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

MS JENNIFER L

NICKNAME LAST SUFFIX

CROSSLAND

OFFICE USE ONLY

Date Received

4/29/2022

Date Hand-delivered or Date Postmarked

4/29/2022

Receipt # Amount \$

0

Date Processed

4/29/2022

Date Imaged

4/29/2022

7 CAMPAIGN TREASURER ADDRESS

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

4417 Tamworth Rd FW TX 76116

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(310) 980 2930

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 24 / 2022 THROUGH 04 / 07 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year

05 / 07 / 22

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FWISD Trustee 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME TRISCHELLE STRONG		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1259.60
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1005
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2723.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 281.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000

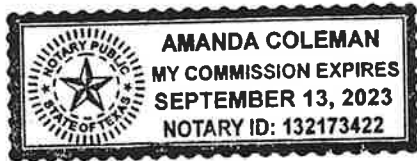
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

T. Strong

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Trischelle Strong this the 29th day of April

2022, to certify which, witness my hand and seal of office.

Amanda Coleman Printed name of officer administering oath
Amanda Coleman Election Officer Title of officer administering oath

Signature of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME TRISCHELLE STRONG		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1005
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1259.60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2723.20
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME TRISCHELLE STRONG		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEE ATTACHED	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

ATTACHMENT A1

CAMPAIGN CONTRIBUTIONS						
DATE	FULL NAME OF CONTRIBUTOR	ADDRESS	\$\$\$	OCCUPATION	EMPLOYER	
3/10/22	MARIA MORALES	FALCON DR FORREST HILL, TX 76119	25	SALES	SHOE STORE IN PARKS MALL	
3/10/22	MILLIE OSORIO	CHILDRESS FW, TX 76116	60	MACHINIST	RV MACHINERY PLACE	
3/11/22	MIRIAM LAMBERT	FORT WORTH, TX	100	RETIRED		
3/12/22	ANTONIO CALDWELL	8404 OCEAN DR. FW, TX 76123	20	FINANCE MGR	BURLESON NISSAN	
3/15/22	MARY KATHERINE NOLAN	6370 Montego Ct., FW, TX 76116	500	RETIRED	PTA	
3/15/22	RODERICK MILES	GRANDBURY COURTHOUSE	50	EXECUTIVE ASSISTANT	PRECINCT 1	
3/15/22	MR WHITE	BRATCHER ST. FW, TX 76119	20	VETERAN RETIRED	USA MILITARY	
3/15/22	MR. SANDERS	OLD MANSFIELD RD. FW, TX 76119	5	UNEMPLOYED		
3/15/22	COMMISSIONER ROY CHARLES BROOKS	GRANDBURY COURTHOUSE	50	COMMISSIONER	COMMISSIONERS COURT!	
3/30/22	PAM NELSON	FALLCREST HURST, TX 76053	150	PARALEGAL		
3/30/22	JONATHAN NELSON	FALLCREST HURST, TX 76053	25	RETIRED	NFL	
		FIRST FILING TOTAL 4/7/2022	\$1005.00			

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 Schedule A2: 1	
2 FILER NAME TRISCHELLE STRONG		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1259.60	
5 Date 3/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF MARSHALL	8 Amount of Contribution \$ \$1028.38	9 In-kind contribution description YARD SIGNS
7 Contributor address; City; State; Zip Code 4734 BENBROOK HWY # 8 BENBROOK, TX 76116		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESSMAN		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED	
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 4/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY KATHERINE NOLAN	Amount of Contribution \$ \$231.22	In-kind contribution description CAR FLAGS / PENNANTS
Contributor address; City; State; Zip Code 6371 MONTEGO CT FW, TX 76116		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		Employer (FOR NON-JUDICIAL) (See Instructions) PTA	
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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME TRISCHELLE STRONG		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2000
5 Date of loan 2/4/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) TRISCHELLE STRONG	9 Loan Amount (\$) 1000
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code /	10 Interest rate /
		11 Maturity date /
12 Principal occupation / Job title (See Instructions) CORRECTIONS OFFICER		13 Employer (See Instructions) /
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/4/22	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) TRISCHELLE STRONG	Loan Amount (\$) 1000
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code /	Interest rate /
		Maturity date /
Principal occupation / Job title (See Instructions) CORRECTIONS OFFICER		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 2	2 FILER NAME TRISCHELLE STRONG	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name SEE ATTACHED
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENSES												
DATE	PAYEE NAME	AMOUNT	PAYEE ADDRESS		CATEGORY	DESCRIPTION						
2/4/22	ELIJA STRONG	1000	1520 BURMEISTER RD FW,TX 76134		CONSULTING EXPENSE	CAMPAIGN MGR						
2/11/22	ELIJA'S WALK OF DESTINY	150	1520 BURMEISTER RD FW,TX 76134		WEBSITE	DESIGNER						
2/18/22	ELIJA'S WALK OF DESTINY	300	1520 BURMEISTER RD FW,TX 76134		CONSULTING EXPENSE	DONOR LIST						
3/14/22	JASON MURRY	173.20	1200 W BERRY FW,TX 76110		PRINTING EXPENSE	TSHIRTS						
3/17/22	ELIJA'S WALK OF DESTINY	55	1520 BURMEISTER RD FW,TX 76134		ADVERTISING EXPENSE	VIDEOS FOR FB						
3/30/22	TEXAS DEM PARTY	45	TXDEMOCRATS.ORG		SOLICITATION EXPENSE	VOTER LIST						
4/4/22	ELISHA STRONG	1000	1520 BURMEISTER RD FW,TX 76134		CONSULTING EXPENSE	CAMPAIGN MGR						
	FIRST FILING TOTAL 4/7/2022	2723.2										



TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	4/29/2022
Date Postmarked	
Date Processed	
MID #	
Document #	

Filer Name <u>Trischelle A. Strong</u>	Filer ID #
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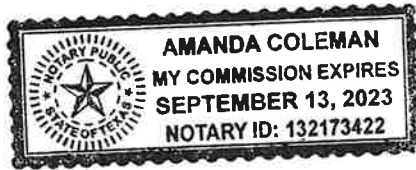
I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

This statement is filed for the Campaign Finance Report report due on 4/7/22 I learned that the report was late on 4/27/22
(report due date) (date)

by Ethics Website
(how filer learned the report was late)

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

I had a death in the family, and was away during this time period.



Please complete either option below:

(1) Affidavit

T. Strong
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Trischelle Strong this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

As Signature of officer administering oath
Amanda Coleman Printed name of officer administering oath
Election Officer Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (country) (ZIP code)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(date) (month) (year)

Signature of Filer (Declarant)