

# 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 Form)

2 Total pages filed: 1

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Ms.** FIRST **MAR'TAUSHIA** MI  
NICKNAME LAST **JAMES** SUFFIX

**OFFICE USE ONLY**

Date Received **5/5/2023**

Date Hand-delivered **Entered** Date Postmarked

Receipt # Amount \$ **0**

Date Processed **5/5/2023**

Date Imaged **5/5/2023**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
**5021 Cotney St. Ft Worth, TX, 76105**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 517-8055**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Ms** FIRST **Nadja** MI  
NICKNAME LAST **JACKSON** SUFFIX

7 CAMPAIGN TREASURER ADDRESS

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 454-6096**

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  
**03 / 10 / 2023    THROUGH    05 / 02 / 2023**

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year    Primary Runoff Other Description  
**05 / 06 / 2023    General Special**

12 OFFICE

OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)

**NA    FWISD School Board District 3**

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

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MAR. Trayshia James

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 650
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title 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)

# 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 FILER NAME

MAR'TAYSHIA JAMES

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/23

5 Full name of contributor

Bob Willoughby

out-of-state PAC (ID#)

6 Contributor address:

-

City:

Ft. Worth TX

State:

Zip Code

7 Amount of contribution (\$)

15.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/15/23

Full name of contributor

Calandra Jackson

out-of-state PAC (ID#)

Contributor address:

-

City:

Ft. Worth TX

State:

Zip Code

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/23

Full name of contributor

Libby Manning

out-of-state PAC (ID#)

Contributor address:

-

City:

Ft. Worth TX

State:

Zip Code

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/23

Full name of contributor

Kia Davis

out-of-state PAC (ID#)

Contributor address:

-

City:

Ft. Worth TX

State:

Zip Code

Amount of contribution (\$)

35.00

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.

**SUBTOTALS - C/OH**

10 FILER NAME

*Mar' Tayshia James*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>650</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>100</del>
4.	SCHEDULE E: LOANS	\$ <del>—</del>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>—</del>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>—</del>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>—</del>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>870/80</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>—</del>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <del>—</del>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>—</del>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <del>—</del>

# 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 FILER NAME <b>MAE TAYONIA JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/23</b>	5 Full name of contributor <b>Michael Bell</b> <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address: City: State: Zip Code <b>— Ft. Worth TX</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/03/23</b>	Full name of contributor <b>James Elenis</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>25.00</b>
	Contributor address: City: State: Zip Code <b>— Ft. Worth TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/26/23</b>	Full name of contributor <b>Reuben James</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>35.00</b>
	Contributor address: City: State: Zip Code <b>— Ft. Worth TX</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/26/23</b>	Full name of contributor <b>Timothy James</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>100.00</b>
	Contributor address: City: State: Zip Code <b>— Ft. Worth TX</b>	
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

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		3 Filer ID (Ethics Commission Filer)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
04/26/23	Mar'Kaiden James	100.00
6 Contributor address		
— Ft. Worth TX.		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/29/23	Johnetta Brooks	25.00
Contributor address:		
— Ft. Worth TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
05/02/23	Crystal Guyden	50.00
Contributor address:		
— Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
Contributor address:		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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