

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: 16								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua	MI								
	NICKNAME	LAST Yoder	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>		ADDRESS / PO BOX: 3700 Parkcrest Ct FW, TX 76109									
		APT / SUITE #:	CITY: STATE: ZIP CODE								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION								
	(817) 291-8009										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Aliza	MI								
	NICKNAME	LAST Yoder	SUFFIX								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE									
		Same as candidate									
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION									
		(817) 673-2451									
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)											
10 PERIOD COVERED											
Month Day Year 4 / 6 / 23 THROUGH Month Day Year 4 / 28 / 23											
11 ELECTION											
ELECTION DATE Month Day Year 5 / 6 / 23		ELECTION TYPE <input checked="" type="radio"/> Primary <input type="radio"/> Runoff <input type="radio"/> Other Description <input type="radio"/> General <input type="radio"/> Special									
12 OFFICE											
OFFICE HELD (if any) NA		13 OFFICE SOUGHT (if known) FWISD trustee, OS									
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.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

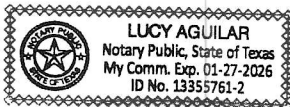
15 C/OH NAME <u>Josh Joshua Voder</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,826.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,072.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 943.49

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 Joshua Voder this the 28 day of April, 2023, to certify which, witness my hand and seal of office.
[Signature] Lucy Aguilar Notary Public
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)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,299.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 945.99
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,826.72
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
4.6.23	Luke Pent	1000.00
6 Contributor address; City; State; Zip Code		
3924 Modlin Ave FW, TX 76107		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
4.6.23	Vinco Pante		250.00
	Contributor address;	City; State; Zip Code	
	404 Forest River Cr., FW, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
4.6.23	Melinda Teitelbaum		1000.00
	Contributor address;	City; State; Zip Code	
	556 Trail rider Rd.	Ft. TX 76114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
4.6.23	Robert White		
	Contributor address;	City; State; Zip Code	
	1804 Carleton Ave, FW, TX 76107		1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: 8
2 FILER NAME Joshua Yeager (JY4FW15D)			3 Filer ID (Ethics Commission Filers)
4 Date 4.6.23	5 Full name of contributor CW Stocker	out-of-state PAC (ID#)	7 Amount of contribution (\$) 1000.00
6 Contributor address; 7033 Samson Valley Dr. FW, TX 76137		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.7.23	Full name of contributor Annette Norred	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
Contributor address; 2803 Zinfandel Ln, Arlington, TX 76011		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.7.23	Full name of contributor Keith Porter	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
Contributor address; 6363 Lonsdale Rd. FW, TX 76116		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.11.23	Full name of contributor Marshall Dow	out-of-state PAC (ID#)	Amount of contribution (\$) 250.00
Contributor address; 6904 Hazelme Dr., FW, TX 76132		City; State; Zip Code	
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: 8
2 FILER NAME Joshua Yoo (JY4FWISD)			3 Filer ID (Ethics Commission Filers)
4 Date 4.13.23	5 Full name of contributor Brent Bachan	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 3700 Hilltop Rd. FW, TX 76109	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.16.23	Full name of contributor Randall Johnson	out-of-state PAC (ID# _____)	Amount of contribution (\$) 150.00
	Contributor address; PO Box 101233, FW, TX 76185	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Harris Finley & Bogie, P.C.	
Date 4.17.23	Full name of contributor Melinda Tietzbaum	out-of-state PAC (ID# _____)	Amount of contribution (\$) 320.00
	Contributor address; 556 Trailview Rd, FW, TX 76114	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.17.23	Full name of contributor Leann White	out-of-state PAC (ID# _____)	Amount of contribution (\$) 150.00
	Contributor address; 116 Pineland A., FW, TX, 76114	City; State; Zip Code	
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: 8
2 FILER NAME Joshua Year (My Fw150)			3 Filer ID (Ethics Commission Filers)
4 Date 4.14.23	5 Full name of contributor Dwb. Stodew	out-of-state PAC (ID#)	7 Amount of contribution (\$) 300.00
	6 Contributor address; 7033 Sancer Valley Dr., FW, TX 76132	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.18.23	Full name of contributor Tyrell Hearn	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 109 N. Rivercrest Dr. FW, TX 76107	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.18.23	Full name of contributor Kerri Rehmeier	out-of-state PAC (ID#)	Amount of contribution (\$) 25.00
	Contributor address; 555 Blue Jay Ct., Granbury TX 76049	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.20.23	Full name of contributor Sally Brumbaugh	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 9501 Granbury Hwy. Weatherford TX 76087	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 3
2 FILER NAME Joshua Yado (Jy4 Fw150)			3 Filer ID (Ethics Commission Filers)
4 Date 4.22.23	5 Full name of contributor Tom & Michelle Perkins	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 5301 Byers Ave, Fw, TX 76127		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) Continental real estate	
Date 4.23.23	Full name of contributor Edward Perkins	out-of-state PAC (ID# _____)	Amount of contribution (\$) 25.00
Contributor address; 16524 Cowboy Tr., Fw, TX 76247		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.26.23	Full name of contributor Patricia O Neal	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; 675 N. Henderson St, Fw, TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.28.23	Full name of contributor Cary Gillespie	out-of-state PAC (ID# _____)	Amount of contribution (\$) 1000.00
Contributor address; PO Box 52287, Amarillo, TX 79159		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 8
2 FILER NAME Joshua Updor (By 4FWISD)			3 Filer ID (Ethics Commission Filers)
4 Date 4.20.23	5 Full name of contributor John & Kathy Pinkerton	out-of-state PAC (ID#)	7 Amount of contribution (\$) 1200.00
6 Contributor address, City, State, Zip Code 3437 W. Tmsh St 34 FW, TX 76107			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.18.23	Full name of contributor Kevin Avondet	out-of-state PAC (ID#)	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code 1215 Washington Terrace FW, TX 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.6.23	Full name of contributor Travis & Jonny Khayon	out-of-state PAC (ID#)	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code 2996 Deer Path Ln Weatherford TX 76065			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.13.23	Full name of contributor Randall Stepp	out-of-state PAC (ID#)	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code 2120 Hidden Creek Rd. FW, TX 76116			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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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: 3
2 FILER NAME Joshua Ypsar (JY4FWISD)			3 Filer ID (Ethics Commission Filers)
4 Date 4.11.23	5 Full name of contributor Karl Biggs	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 2525 Ridgemark Blvd. Ste 400 FW, TX. 76116	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.10.23	Full name of contributor Byron Burnett	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
	Contributor address; 3840 Avenue C Dr. FW, TX 76109	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.8.23	Full name of contributor William Bradthauer	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address; 4209 Ledgeview Rd. FW TX 76109	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.6.23	Full name of contributor Christopher & Laura Shoppa	out-of-state PAC (ID# _____)	Amount of contribution (\$) 2500.00
	Contributor address; 503 Alta Dr., FW, TX 76107	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Shoppas Farm Supply	
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: 8
2 FILER NAME Joshua Yeager (JY4FW150)			3 Filer ID (Ethics Commission Filers)
4 Date 4.6.23	5 Full name of contributor Ardon Moore	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 1409 Thomas Pl FW, TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 4.6.23	Full name of contributor Jack Lindsay McGowan	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address; 4821 Hawley Ave FW, TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.6.23	Full name of contributor Tyrell Heaton Jr.	out-of-state PAC (ID# _____)	Amount of contribution (\$) 350.00
Contributor address; 8912 Sunrise Point Ct FW, TX 76135		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.9.23	Full name of contributor Richard & Karen Wiseman	out-of-state PAC (ID# _____)	Amount of contribution (\$) 1000.00
Contributor address; 2424 Colonial Parkway FW, TX 76109		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 Joshua Yoder (JTY4FWISD)		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2250.00	
5 Date 4.6.23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Don & Harvey Yoder	8 Amount of Contribution \$ 0	9 In-kind contribution description 2250.00 Fund Pastor
7 Contributor address, City, State, Zip Code 5817 Merrymount Rd FW, TX 76107		Check if travel outside of Texas. Complete Schedule T.	
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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address, City, State, Zip Code	Amount of Contribution \$	In-kind contribution description
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 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: <u>1</u>	
2 FILER NAME <u>Joshua Yoder (Jy4FW15D)</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan <u>17 Feb 23</u>		7 Name of lender <u>Self</u>		9 Loan Amount (\$) <u>945.99</u>	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code <u>Same as C/OH</u>		10 Interest rate <u>0</u>	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions) <u>Managing director</u>			13 Employer (See Instructions) <u>Level Four</u>		
14 Description of Collateral none			15 Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION 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		Name of lender		<input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$)	
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N		Lender address;		City; State; Zip Code		Interest rate	
						Maturity date	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)			
Description of Collateral none				Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION 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 <i>Joshua Mador</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4.19.23</i>		5 Payee name <i>Fairstar of FW</i>			
6 Amount (\$) <i>984.00</i>		7 Payee address; <i>5925 Camp Bowie Blvd. FW, TX 76107</i>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Signage</i>		
	(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		Office sought	Office held
Date <i>4.11.23</i>		Payee name <i>Raw Strategies</i>			
Amount (\$) <i>5,500.00</i>		Payee address; <i>134 Lindley Ct., Tuscola, TX 79562</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting / Advertising</i>		Description <i>Consult, Social, web Ads</i>		
	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/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>4.19.23</i>		Payee name <i>i360 walk</i>			
Amount (\$) <i>550.00</i>		Payee address; <i>Unknown</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>		Description <i>door knocking app</i>		
	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/OH		Candidate / Officeholder name		Office sought	Office held

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)

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 <i>Joshua Yoder (JY4 FWISD)</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-21-23</i>		5 Payee name <i>Staples</i>			
6 Amount (\$) <i>151.02</i>		7 Payee address; <i>16605 University Dr. FW, TX 76107</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(b) Description <i>push cards</i>	
		(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		Office sought Office held	
Date <i>4-27-23</i>		Payee name <i>Fast Signs of FW</i>			
Amount (\$) <i>1039.20</i>		Payee address; <i>5925 Camp Bowie Blvd. FW, TX 76107</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Signage</i>	
		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/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4.6.23</i>		Payee name <i>Frost Bank</i>			
Amount (\$) <i>10.00</i>		Payee address; <i>Banking 3000 S. Huron Ste 182 FW, TX 76109</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Banking</i>		Description <i>Service fee</i>	
		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/OH		Candidate / Officeholder name		Office sought Office held	

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)

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 FILER NAME Joshua Yoder (JY4FWISD)		3 Filer ID (Ethics Commission Filers)
4 Date 4.6. - 4.28.23	5 Payee name Anedot		
6 Amount (\$) 529.50	7 Payee address; City; State; Zip Code 1920 McKinney Ave Ste 700, Dallas, TX 75201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description donation electronic fees
	(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 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/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/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED