

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 Filer)

2 Total pages filed

3 CANDIDATE /
OFFICEHOLDER
NAME

MR / MRS / DR FIRST MI
Joshua
NICKNAME LAST SUFFIX
Yoder

OFFICE USE ONLY

Date Received:

4/6/2023

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE
3700 Parkcrest Ct., Fort Worth, TX 76109

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 2918089

Date Hand Delivered or Date Postmarked
hand delivered

6 CAMPAIGN
TREASURER
NAME

MR / MRS / DR FIRST MI
Aliza
NICKNAME LAST SUFFIX
Yoder

Receipt # Amount \$

Date Processed

4/6/2023

Date Imaged

4/6/2023

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NOT PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
3700 Parkcrest Ct., Fort Worth, TX 76109

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 673-2451

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
has ended as appointment (Officeholder Only)
☐ July 15 ☐ 15th day before election ☐ Extended deadline
Reporting Limit ☐ Final Report (Not on OUP - 114)

10 PERIOD
COVERED

Month Day Year Month Day Year
2 / 17 / 23 THROUGH 4 / 6 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 ☒ General ☒ Special ☐ Other
4.6.23

12 OFFICE

THE OFFICE HELD IS BY:

NA

13 OFFICE SOUGHT (If known)

FWISD Trustee, District 5

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 REQUESTED 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

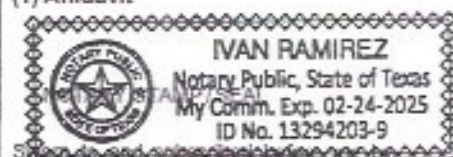
15 C/OH NAME <u>Joshua Yoder</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4345.71</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5445.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2370.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3945.99</u>

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



I, Joshua D. Yoder, this the 6 day of April

20 23, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ivan Ramirez
Printed name of officer administering oath

Notary
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 Joshua Yoder (JY 4 FWISD)		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,870.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 3945.99
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5445.99
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		\$ 1581.54
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

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:

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID (Ethics Commission Filer)

4 Date

02/25/2023

5 Full name of contributor

Carly McDavid

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

17604 Prairie Sky Way, Edmond, OK 73012

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2023

Full name of contributor

Joe Palmer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address;

4017 Sanquinet Ct., Fort Worth, TX 76109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 March 23

Full name of contributor

Erika Raines

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

4400 Ranch View Rd., FW, TX 76109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

27 March 23

Full name of contributor

Joe Palmer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address;

4017 Sanquinet Ct., FW, TX 76109

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:

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID: (Ethics Commission Filer)**4** Date

03/01/2023

5 Full name of contributor

Lee Cockrell

out-of-state PAC (ID#):

6 Contributor address;

City;

State;

Zip Code

4405 Ranchview Rd., Fort Worth, TX 76109

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/01/2023

Full name of contributor

Nicole Goodman

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

3229 Tanglewood Trail, Fort Worth, TX 76109

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Lockheed Martin

Date

02/25/2023

Full name of contributor

Bryce Yoder

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

2009 Park Place Ave, Fort Worth, TX 76110

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Producer

Level Four Insurance Agency

Date

02/25/2023

Full name of contributor

Anna Pastusek

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

2404 Medford Court East, Fort Worth, TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID (Ethics Commission Filers)**4** Date

03/29/2023

5 Full name of contributor

Mike Nolan

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

4700 Alta Dr., Fort Worth, TX 76107

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/27/2023

Full name of contributor

Bill Nolan

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

P.O Box 101835, Fort Worth, TX 76185

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/2023

Full name of contributor

Bill Jacobs

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

4824 Borden Dr., Fort Worth, TX 76116

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2023

Full name of contributor

Forrest Broyles

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

3000 Bellaire Ranch Dr., Fort Worth, TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Producer

HUB International

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.

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID (Ethics Commission Filer)

4 Date

04/05/2023

5 Full name of contributor

Bill Waddell

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

4512 Briarhaven Rd., Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/2023

Full name of contributor

Mimi Stephens

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

324 Nursery Lane, Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2023

Full name of contributor

James Boyle

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6405 Lansdale Rd., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2023

Full name of contributor

Lea Payne

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4001 Monticello Dr., Fort Worth, TX 76107

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: 5
2 FILER NAME Joshua Yeager (JY 4 FWISD)			3 Filer ID (Ethics Commission Filers)
4 Date 29 March 23	5 Full name of contributor James James out-of-state PAC (ID# _____)	6 Contributor address; 6712 Watermill Dr., FW, TX 76132 City; State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 29 March 23	Full name of contributor Jill Johnson out-of-state PAC (ID# _____)	Contributor address; 8040 Charlotte Dr., Azle, TX 76020 City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor 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 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

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

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:

275.00 @ 4.6.23

2 FILER NAME

Joshua d. yzow (JA 4 FWISD)

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 275.00 @ 475.71

5 Date

28 March
2023

6 Full name of contributor ☐ out-of-state PAC (ID# _____)

Mary Katherine Nolan

7 Contributor address; City; State; Zip Code

6370 Morrogo Ct., FW, TX 76116

8 Amount of Contribution \$

275.00 @
475.71

9 In-kind contribution description

meal; grat

Check if travel outside of Texas. Complete Schedule I.

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 ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule I.

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: 1		
2 FILER NAME Joshua Yador (Jy 4 FWISO)			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$ 3945.99		
5 Date of loan 17 Feb 23	7 Name of lender Joshua Yador ☐ out-of-state PAC (ID# _____)		9 Loan Amount (\$) 3945.99		
6 Is lender a financial institution? ☐ Y ☒ N	8 Lender address; City; State; Zip Code 3700 Parkcrest Ct. FW, TX 76109		10 Interest rate NA 0		
			11 Maturity date		
12 Principal occupation / Job title (See Instructions) Managing Director			13 Employer (See Instructions) Lord Four Group		
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 NA		19 Amount Guaranteed (\$)		
	18 Guarantor address; City; State; Zip Code NA				
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan	Name of lender ☐ out-of-state PAC (ID# _____)		Loan Amount (\$)		
Is lender a financial institution? ☐ Y ☐ 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		Amount Guaranteed (\$)		
	Guarantor address; City; State; Zip Code				
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan/Repayment/Reimbursement
Office Overhead/Rental 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 4		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 24 February 23		5 Payee name Fast Signs of Fort Worth, TX			
6 Amount (\$) 1581.54		7 Payee address, City, State, Zip Code 5925 Camp Bowie Blvd., FW, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signage	
		(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	
Date 28 March 23		Payee name Orythma Social			
Amount (\$) 1500.00		Payee address, City, State, Zip Code 8912 Sunrise Point Ct., FW, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Exp.		Description Social media	
		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	
Date 29 March 23		Payee name Color Art LLC			
Amount (\$) 1296.66		Payee address, City, State, Zip Code PO Box 645031 Dallas, TX 75264-5031			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Signage	
		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 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
Accounting/Bookkeeping
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Postal Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Justin Y Joshua Yoder (JY 4 FW 150)	3 Filer ID (Ethics Commission Filer)
4 Date 6 April 2023	5 Payee name Justin & Olivia Design & Web Services	
6 Amount (\$) 350.00	7 Payee address, City, State, Zip Code 1900 Villanova Dr., Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Logo design
	(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 27 March 23	Payee name Staples	
Amount (\$) 187.60	Payee address, City, State, Zip Code 1660 S. University Dr., FW, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push cards
	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 22 March 23	Payee name Staples	
Amount (\$) 71.04	Payee address, City, State, Zip Code 1660 S. University Dr., FW, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description push cards
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit 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
Salaries/Wages/Contract Labor

Salvation/Undressing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Joshua Yoder (JY 4 FWISD)		3 Filer ID (Ethics Commission Filers)	
4 Date 27 March 23		5 Payee name Staples			
6 Amount (\$) 42.21		7 Payee address, City, State, Zip Code 1660 S. University Dr., FW, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense		(b) Description invitations		
	(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					
Date 6 April 23		Payee name Prosper BGE			
Amount (\$) 378.88		Payee address, City, State, Zip Code 4405 Ranchview Rd., FW, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description push card / bus. card design.		
	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					
Date 2 April 2023		Payee name Zazzle			
Amount (\$) 11.01		Payee address, City, State, Zip Code 1700 Chestnut St., Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense		Description name tag		
	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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 4		2 FILER NAME Joshua Yoder (JY 4 FWISD)		3 Filer ID (Ethics Commission Filers)	
4 Date 6 April 23		5 Payee name Staples			
6 Amount (\$) 27.05		7 Payee address; City; State; Zip Code 1600 S. University Dr., FW, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule I.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule I.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule I.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule I.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule I.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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)

Advertising Expense
Accounting/Bookkeeping
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Joshua Yoder (JM & FWISO)	3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,581.54
5 Date 2-4	6 Payee name Fast Signs	
7 Amount (\$) 1581.54	8 Payee address; City; State; Zip Code 5925 Camp Bowie Blvd, FW, TX 76107	
9 TYPE OF EXPENDITURE	☐ Political ☒ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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 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 NAME

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 NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check 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 filing 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.

B. ASSETS

Check 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 OFFICEHOLDER

•• Complete 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 filing 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

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 Filer)

2 Total pages filed: **16**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
Joshua Yoder				Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			
3700 Parkcrest Ct., Fort Worth, TX 76109				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
(817) 2918089				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	Amount \$
Aliza Yoder				Date Processed
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE			Date Imaged
3700 Parkcrest Ct., Fort Worth, TX 76109				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(817) 673-2451				
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 - FIC)			
10 PERIOD COVERED	Month / Day / Year Month / Day / Year 2 / 17 / 23 THROUGH 4 / 6 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
Month / Day / Year		Primary Runoff Other Description ☒ General ☒ Special 4.6.23		
5 / 6 / 23				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
NA		FWISD Trustee, District 5		
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

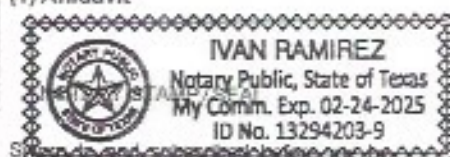
15 C/OH NAME <u>Joshua Yoder</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4345.71</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5445.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2370.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3945.99</u>

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



Subscribed and sworn to before me on this 6 day of April, 2023

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

[Signature]
Signature of officer administering oath

Ivan Ramirez
Printed name of officer administering oath

Notary
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 <i>Joshua Yodor (JM 4 FWISD)</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>3,870.00</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0.00</i>
4. SCHEDULE E: LOANS		\$ <i>3945.99</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>5445.99</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0.00</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>1581.54</i>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>0.00</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0.00</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0.00</i>

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:

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID (Ethics Commission Filers)

4 Date

02/25/2023

5 Full name of contributor

Carly McDavid

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

17604 Prarie Sky Way, Edmond, OK 73012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2023

Full name of contributor

Joe Palmer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

4017 Sanquinet Ct., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 March 23

Full name of contributor

Eara Raines

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4400 Ranch View Rd., FW, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

27 March 23

Full name of contributor

Joe Palmer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

4017 Sanquinet Ct., FW, TX 76109

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:

5

2 FILER NAME

Joshua Yoder (JY 4 FWISD)

3 Filer ID (Ethics Commission Filers)

4 Date

03/01/2023

5 Full name of contributor

Lee Cockrell

out-of-state PAC (ID#): _____

7 Amount of contribution (\$)

50.00

6 Contributor address;

City:

State:

Zip Code

4405 Ranchview Rd., Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/01/2023

Full name of contributor

Nicole Goodman

out-of-state PAC (ID#): _____

Amount of contribution (\$)

200.00

Contributor address;

City:

State:

Zip Code

3229 Tanglewood Trail, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Lockheed Martin

Date

02/25/2023

Full name of contributor

Bryce Yoder

out-of-state PAC (ID#): _____

Amount of contribution (\$)

100.00

Contributor address;

City:

State:

Zip Code

2009 Park Place Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Producer

Level Four Insurance Agency

Date

02/25/2023

Full name of contributor

Anna Pastusek

out-of-state PAC (ID#): _____

Amount of contribution (\$)

100.00

Contributor address;

City:

State:

Zip Code

2404 Medford Court East, Fort Worth, TX 76109

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: 5
2 FILER NAME Joshua Yoder (JY 4 FWISD)			3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor Bill Waddell	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address, City, State, Zip Code 4512 Briarhaven Rd., Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/30/2023	Full name of contributor Mimi Stephens	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address, City, State, Zip Code 324 Nursery Lane, Fort Worth, TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2023	Full name of contributor James Boyle	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address, City, State, Zip Code 6405 Lansdale Rd., Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2023	Full name of contributor Lea Payne	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
	Contributor address, City, State, Zip Code 4001 Monticello Dr., Fort Worth, TX 76107		
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:

5

2 FILER NAME

Joshua Yoder (JY + FWISD)

3 Filer ID (Ethics Commission Filers)

4 Date

29 March 23

5 Full name of contributor

out-of-state PAC (ID# _____)

James... James

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

6712 Watermill Dr., FW, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

29 March 23

Full name of contributor

out-of-state PAC (ID# _____)

Jill Johnson

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

8010 Charlotte Dr., Azle, TX 76020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

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.

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: 275.20 @ 4.6.25	
2 FILER NAME Joshua d. yzow (JY 4 FWISD)		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 275.20 @ 475.71	
5 Date 28 March 2023	6 Full name of contributor ☐ out-of-state PAC (ID#: Mary Katherine Nolan	8 Amount of Contribution \$ 275.20 @ 475.71	9 In-kind contribution description meal; grat
7 Contributor address; City; State; Zip Code 6370 Monrogo Ct., FW, TX 76116		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 ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		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 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 Joshua Yador (Ty 4 FWISO)				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 3945.99	
5 Date of loan 17 Feb 23		7 Name of lender Joshua Yador ☐ out-of-state PAC (ID# _____)		9 Loan Amount (\$) 3945.99	
6 Is lender a financial institution? ☐ Y ☒ N		8 Lender address; City; State; Zip Code 3700 Parkcrest Ct. FW, TX 76109		10 Interest rate NA ☒ ☐	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions) Managing Director			13 Employer (See Instructions) Lord Four Group		
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 NA		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code NA			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender ☐ out-of-state PAC (ID# _____)		Loan Amount (\$)	
Is lender a financial institution? ☐ Y ☐ 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		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/General 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)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 4		2 FILER NAME		3 Filer ID (Ethics Commission Filer)	
4 Date 24 February 23		5 Payee name East Signs of Fort Worth, TX			
6 Amount (\$) 1581.54		7 Payee address, City, State, Zip Code 5925 Lane Bowie Blvd., FW, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signage		
	(c) Check if travel outside of Texas. Complete Schedule I.		(d) Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 28 March 23		Payee name Orythma Social			
Amount (\$) 1500.00		Payee address, City, State, Zip Code 8912 Sunrise Point Ct., FW, TX 76135			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.		Description Social media		
	(c) Check if travel outside of Texas. Complete Schedule I.		(d) Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 29 March 23		Payee name Color Art LLC			
Amount (\$) 1296.66		Payee address, City, State, Zip Code PO Box 645031 Dallas, TX 75264-5031			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Signage		
	(c) Check if travel outside of Texas. Complete Schedule I.		(d) Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Travel Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Purchasing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Justin @ Joshua Yador (JY4 FW150)		3 Filer ID (Ethics Commission Filer)	
4 Date 6 April 2023		5 Payee name Instinct Olivia Design & Web Services			
6 Amount (\$) 350.00		7 Payee address; City, State; Zip Code 1900 Villanova Dr., Richardson, TX 75081			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Logo design		
	(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					
Date 27 March 23		Payee name Staples			
Amount (\$) 187.60		Payee address; City, State; Zip Code 1660 S. University Dr., FW, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Push cards		
	(c) 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					
Date 22 March 23		Payee name Staples			
Amount (\$) 71.04		Payee address; City, State; Zip Code 1660 S. University Dr., FW, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description push cards		
	(c) 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 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
Accounting/Bookkeeping
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Words/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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 4	2 FILER NAME Joshua Yoder (JY 4 FWISD)	3 Filer ID (Ethics Commission Filer)
4 Date 27 March 23	5 Payee name Staples	
6 Amount (\$) 42.21	7 Payee address; 1660 S. University Dr., FW, TX 76107	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description invitations
	(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
Date 6 April 23	Payee name Prosper BGE	
Amount (\$) 378.88	Payee address; 4405 Ranchview Rd., FW, TX 76109	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description push card / bus. card design.
	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
Date 2 April 2023	Payee name Zazzle	
Amount (\$) 11.01	Payee address; 1700 Chestnut St., Menlo Park, CA 94025	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description name tag
	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

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit 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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Joshua Yeager (Jy 4 FWISD)		3 Filer ID (Ethics Commission Filer)	
4 Date 6 April 23		5 Payee name Staples			
6 Amount (\$) 27.05		7 Payee address; 1600 S. University Dr., FW, TX 76107 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	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				
	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				
	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				
	Candidate / Officeholder name: Office sought: Office held:				

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)

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
Salaries/Wages/Contract Labor

Solicitation/Raising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Joshua Yoder (JM 4 FWISD)	3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,581.54
5 Date: 24	6 Payee name: Fast Signs	
7 Amount (\$): 1581.54	8 Payee address; City; State; Zip Code: 5925 Camp Bowie Blvd, FW, TX 76107	
9 TYPE OF EXPENDITURE	☐ Political ☒ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 NAME

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 NOT AN OFFICEHOLDER

→ Complete A & B below only if you are not an officeholder. →

A. CAMPAIGN FUNDS

Check 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 filing 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.

B. ASSETS

Check 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 OFFICEHOLDER

→ Complete 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 filing 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