

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: 8 7 files
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Patricia	L
		NICKNAME	SUFFIX
		Pat	Carlson
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		4/27/2023
	421 Forest River Ct., Fort Worth, TX. 76112		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	819-8020	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	John	A
		NICKNAME	SUFFIX
		Carlson	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		4/27/2023
	421 Forest River Ct., Fort Worth, TX. 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	819-8022	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	03	28	23
THROUGH		Month	Day
		04	26
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05	06
		23	
		Primary	Runoff
		General	Special
		Other Description Municipal Election	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	none	Fort Worth Independent School District District 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Patricia "Pat" Carlson		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)	\$	1875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8201.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

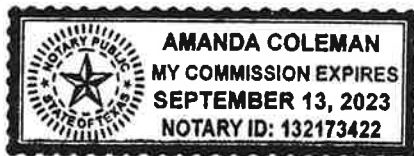
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Pat Carlson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Patricia Carlson this the 27th day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] _____ Amanda Coleman _____ Election Officer
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	\$	1875.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
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	\$	8201.80
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.**

3 pgs

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Patricia "Pat" Carlson		3 Filer ID (Ethics Commission Filers)
4 Date 4-15-23	5 Full name of contributor out-of-state PAC (ID#: _____) Melba McDow	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 7208 Lake Mead Blvd., Arlington, TX. 76016-4136		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4-13-23	Full name of contributor out-of-state PAC (ID#: _____) Karen Wiseman	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2424 Colonial Pkwy., Fort Worth, TX. 76109		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-18-23	Full name of contributor out-of-state PAC (ID#: _____) Kerri Rehmeyer	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 555 Blue Jay Ct., Grandbury, TX. 76049		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Wilco
Date 4-15-23	Full name of contributor out-of-state PAC (ID#: _____) Shanda Perkins	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 120 Sunny Meadows Dr., Burleson, TX. 76028		
Principal occupation / Job title (See Instructions) campaign & outreach staff		Employer (See Instructions) Sen. Phil King

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 Patricia "Pat" Carlson		3 Filer ID (Ethics Commission Filers)
4 Date 4-14-23	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Wright 6 Contributor address; City; State; Zip Code 5505 Override Dr., Arlington, TX. 76017	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4-8-23	Full name of contributor out-of-state PAC (ID#: _____) Lois Kapp Contributor address; City; State; Zip Code 4505 Blue Lake Ct., Fort Worth, TX. 76108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-15-23	Full name of contributor out-of-state PAC (ID#: _____) Kenya Alu Contributor address; City; State; Zip Code 12624 Steadman Farms Dr., Keller, TX. 76244-2008	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 4-15-23	Full name of contributor out-of-state PAC (ID#: _____) Dana & Gary McCarty Contributor address; City; State; Zip Code 8800 Rumfield Rd., NRH, TX 76182	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Patricia "Pat" Carlson		3 Filer ID (Ethics Commission Filers)
4 Date 4-15-23	5 Full name of contributor out-of-state PAC (ID#: _____) Ruben Jimenez, Jr, 6 Contributor address; City; State; Zip Code 4636 Bonnell Ave., Fort Worth, TX. 76107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4-14-23	Full name of contributor out-of-state PAC (ID#: _____) Joe Barnett Contributor address; City; State; Zip Code 1013 Rosewood Ln., Arlington, TX. 76010	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-14-23	Full name of contributor out-of-state PAC (ID#: _____) Mona Bailey Contributor address; City; State; Zip Code 6200 Lake Way, NRH, TX. 76180	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-22-23	Full name of contributor out-of-state PAC (ID#: _____) MerryLynn Gerstenschlager Contributor address; City; State; Zip Code 105 High View Ct., Weatherford, TX. 76086	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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Reset Form

Reset Page

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Patricia "Pat" Carlson	3 Filer ID (Ethics Commission Filers)
4 Date 4-18-23	5 Payee name Neel and Partners	
6 Amount (\$) 7701.80 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 8801 Ice House Dr. #7108, NRH, TX. 76181	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Voter turnout for election
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 4-3-23	Payee name Neel and Partners	
Amount (\$) 500.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 8801 Ice House Dr. #7108, NRH, TX. 76181	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly consulting fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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