

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 18 / 2023

THROUGH

05 / 06 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Trustee Dist 6

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

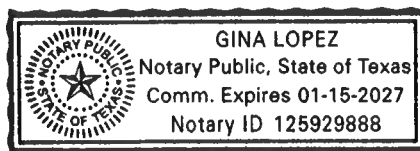
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 33,303
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5088
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28,226
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Joyce Foreman
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by JOYCE FOREMAN this the 6TH day of APRIL, 2023, to certify which, witness my hand and seal of office.
Gina Lopez GINA LOPEZ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Paris</i> <hr/> 6 Contributor address; City; State; Zip Code <i>P.O. Box 765129 Dallas TX</i>	7 Amount of contribution (\$) 1,000. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Sanders</i> <hr/> Contributor address; City; State; Zip Code <i>4328 Tames Flower Mound TX</i>	Amount of contribution (\$) 250. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Proctor</i> <hr/> Contributor address; City; State; Zip Code <i>2627 MLK Dallas TX</i>	Amount of contribution (\$) 1,000. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quane + Charmaine Spencer</i> <hr/> Contributor address; City; State; Zip Code <i>40571 Belfour Cedar Hill TX</i>	Amount of contribution (\$) 500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Isaac Steen</i> 6 Contributor address; City; State; Zip Code <i>4810 Haywood Dallas TX</i>	7 Amount of contribution (\$) 300. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Mc Donald Williams</i> Contributor address; City; State; Zip Code <i>1000 N Central #400 Dallas</i>	Amount of contribution (\$) 1,000. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harmette Ehrhardt</i> Contributor address; City; State; Zip Code <i>3535 Turtle Creek Dallas TX</i>	Amount of contribution (\$) 50. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Flores</i> Contributor address; City; State; Zip Code <i>1000 Tracy Ave Duncanville, TX</i>	Amount of contribution (\$) 200. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audrey Penkerton</i> 6 Contributor address; City; State; Zip Code <i>381 E Greenbriar Dallas TX</i>	7 Amount of contribution (\$) <i>900.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betty Williams</i> Contributor address; City; State; Zip Code <i>2813 Wrangler Sachs TX</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Hall</i> Contributor address; City; State; Zip Code <i>3213 Oak Meadow-Flower Mound</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thurmon Jones</i> Contributor address; City; State; Zip Code <i>P.O. Box 763866 Dallas, TX</i>	Amount of contribution (\$) <i>400.⁰⁰</i>
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

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bessie Moody</i> 6 Contributor address; City; State; Zip Code <i>5227 Red Bird Ct Dallas, TX</i>	7 Amount of contribution (\$) 50⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alphonso Marcia Jackson</i> Contributor address; City; State; Zip Code <i>Arlington VA 2209</i>	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. Kyle Renard</i> Contributor address; City; State; Zip Code <i>3313 Drexel Dallas TX</i>	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Omar Jemenez</i> Contributor address; City; State; Zip Code <i>1639 Cedar Bluff Dallas TX</i>	Amount of contribution (\$) 100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Delna Bryan</i> 6 Contributor address; City; State; Zip Code <i>1639 Cedar Bluff Carrollton TX</i>	7 Amount of contribution (\$) 100. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Marshall</i> Contributor address; City; State; Zip Code <i>18948 Raven Glen Dallas TX</i>	Amount of contribution (\$) 250. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kay Hunter</i> Contributor address; City; State; Zip Code <i>1341 Mill Stream</i>	Amount of contribution (\$) 75. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lori Kirkpatrick</i> Contributor address; City; State; Zip Code <i>6705 Braeburn Dallas TX</i>	Amount of contribution (\$) 50. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary A Climer</i> 6 Contributor address; City; State; Zip Code <i>1322 Rainbow Deller, TX</i>	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Connie McCall</i> Contributor address; City; State; Zip Code <i>1818 Cassia</i>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marsha Evans</i> Contributor address; City; State; Zip Code <i>1218 Alce Dr. Garland TX</i>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betha Whitley</i> Contributor address; City; State; Zip Code <i>530 Putters Ct. Alpha</i>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/30	Jeffrey Mason 517 Palo Duro Cir DeSoto TX	100. ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/30	Lucy Livingston 1608 Day Star Dallas, TX	100. ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/30	Toby Daniels 1360 Fox Glenn Cedar Hill TX	100. ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/30	Thomas Jones 1527 Bilco	300. ⁰⁰
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.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 3/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alma Longum</i> 6 Contributor address; City; State; Zip Code <i>767 Village Green Dr. Solis TX</i>	7 Amount of contribution (\$) 500. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucious Williams</i> Contributor address; City; State; Zip Code <i>1421 Coeurington Dr. DeSoto TX</i>	Amount of contribution (\$) 1,000. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bryan Pama</i> Contributor address; City; State; Zip Code <i>3406 Glenda Grand Prairie, TX</i>	Amount of contribution (\$) 40. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>F Eugene Mayo</i> Contributor address; City; State; Zip Code <i>P.O. Box 801352 Dallas, TX</i>	Amount of contribution (\$) 150. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eve Williams</i> <hr/> 6 Contributor address; City; State; Zip Code <i>1421 Corunton De Soto</i>	7 Amount of contribution (\$) 800 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Jones</i> <hr/> Contributor address; City; State; Zip Code <i>539 De Soto Dr De Soto, TX</i>	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Wiley Price Campaign</i> <hr/> Contributor address; City; State; Zip Code <i>510 E. 5th St Dallas TX</i>	Amount of contribution (\$) 1,000 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Usher</i> <hr/> Contributor address; City; State; Zip Code <i>217 Wedgwood Lane Cedar Hill, TX</i>	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3/30</i> <i>Alliance of Dallas</i> 6 Contributor address; City; State; Zip Code <i>334 Centre Dallas TX</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3/30</i> <i>Monica Jackson</i> Contributor address; City; State; Zip Code <i>600 Six Flags Arlington, TX</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3/30</i> <i>V. Neal</i> Contributor address; City; State; Zip Code <i>P.O. Box 7000 Allen, TX</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Flayed & Shirley Daniels</i> Contributor address; City; State; Zip Code <i>1360 Fox Glen Cedar Hill</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Educate Dallas</i> <hr/> 6 Contributor address; City; State; Zip Code <i>500 N Akard Dallas TX</i>	7 Amount of contribution (\$) 5,000 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Steinhart</i> <hr/> Contributor address; City; State; Zip Code <i>25 Robledo Dallas TX</i>	Amount of contribution (\$) 500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 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.



March 2023

Account Statement

Transactions

Date	Description	Details	Fee	Amount
Mar 7	Gilbert Garcia	Cash App payment	\$0.00	+ \$25.00
Mar 26	Felisa Johnson	Cash App payment	\$0.00	+ \$20.00
Mar 27	Martin	Cash App payment	\$0.00	+ \$100.00
Mar 27	Chase Bank x5528	Instant transfer	\$2.54	\$145.00
Mar 28	George Castro	Cash App payment	\$0.00	+ \$50.00
Mar 28	Harold Edwards	Cash App payment	\$0.00	+ \$100.00
Mar 28	Chicago .oacliff	Cash App payment	\$0.00	+ \$100.00
Mar 28	Chase Bank x5528	Standard transfer	\$0.00	\$250.00
Mar 29	Angelia W Herndon	Cash App payment	\$0.00	+ \$25.00
Mar 29	Chase Bank x5528	Instant transfer (canceled)	\$0.00	\$0.00
Mar 30	Deborah Dennis	Cash App payment	\$0.00	+ \$500.00
Mar 30	Michael Osborne	Cash App payment	\$0.00	+ \$50.00
Mar 30	Chase Bank x5528	Instant transfer (canceled)	\$0.00	\$0.00
Mar 30	Lew Blackburn	Cash App payment	\$0.00	+ \$100.00



March 2023

Account Statement

Transactions

Date	Description	Details	Fee	Amount
Mar 30	Tracie Shelby	Cash App payment	\$0.00	+ \$100.00
Mar 30	Chase Bank x5528	Instant transfer (canceled)	\$0.00	\$0.00
Mar 31	Lucy Houston	Cash App payment	\$0.00	+ \$25.00

1590⁰⁰

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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/22</i>		5 Payee name <i>Nethal Jackson</i>			
6 Amount (\$) <i>2,000⁰⁰</i>		7 Payee address; <i>Toluca Dallas TX</i>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Services</i>		(b) Description		
	(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 <i>4/1</i>		Payee name <i>Betty Frank</i>			
Amount (\$) <i>246⁰⁰</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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
Date <i>4/5</i>		Payee name <i>U S Postal Service</i>			
Amount (\$) <i>60</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <i>Stamps</i>		
	<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

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

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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Office Depot</i>			
6 Amount (\$) <i>133.78</i>		7 Payee address; <i>120/Wheatland</i>		City; <i>Dallas</i>	State; Zip Code <i>TX</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(b) Description		
	(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 <i>3/20</i>		Payee name <i>US Postal</i>			
Amount (\$) <i>6300</i>		Payee address; <i>401 Tom Landry</i>		City; <i>Dallas</i>	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>		Description <i>stamps</i>		
	<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 <i>3/7</i>		Payee name <i>Eco Latina</i>			
Amount (\$) <i>800⁰⁰</i>		Payee address; <i>Dallas TX</i>		City; <i>Dallas</i>	State; Zip Code <i>TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Marketing other</i>		Description <i>Marketing</i>		
	<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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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28		5 Payee name Big Bang Printing			
6 Amount (\$) 1,750.00		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$) 25.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3-18-		Payee name Lisa's			
Amount (\$) 15.97		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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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