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CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 1,356.00 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 3,621.44 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. **BALANCE** OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** 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. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by ______ _____ this the ___ ____ day of _ , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is JIMMY TRAN

My address is 5024 DENTON DRIVE

Executed In DALLAS

(street)

County, State of TX on the 9TH day of JANUARY

and my date of birth is

(city)

TX

(state)

Signature Candidate/Officeholder (Declarant)

75235

(zip code)

20 23 (year)

USA

(country)

DALLAS

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19		O (Ethics Commission Filers)
	JIMMY TRAN	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s 1,356.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	ions \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s 5
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	RNED \$

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 Renaing

Consulting Expense

Consulting Expense

Consulting Convettors Made By

Candidate Concerdator Political Committee

Credit Card Payment

Event Expense Fees Foud/Beverage Expense Git/Mwards/Memoriats Expense Legal Services Loan Repayment/Reintbursament Office Overhead/Rental Expense Polling Expense Printing Expense Satarea/Wages/Contract Labor Sobotation/Fundraising Expense
Traveloration Equipment & Related Expense
Travel In 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) JIMMY TRAN 4 Date 5 Payee name PLEASE SEE ATTACHMENT 6 Amount (\$) 7 Payee address; City; Zip Code State: (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Zip Code City: State: Payee address: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount (\$) Payee address; State: Zip Code Category (See Categories listed of the top of this schedule) **Description** PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY # direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date	Payee	Amount	Payee Address	Purpose of Expenditure
	Colin Alired for Senate	\$250.00	PO Box 601631 Dallas, TX 75360	Donation
08/11/2023	Dallas Education Foundation	\$500.00	9400 North Central Expressway, Suite 1310, Dallas, TX 75231	Donation
09/01/2023	Sudie Williams TAG Academy PTA	\$250.00	4516 Pomona Rd, Dallas, TX 75209	Donation
09/26/2023	Squarespace	\$40.00	6 Clarkson St New York, NY 10014, USA	Website
09/28/2023	USPS	\$66.00	4740 W Mockingbird Ln C, Dallas, TX 75209	Postage
10/11/2023	All Stars Fall Benefit	\$250,00	517 N Haskell Ave., Dallas, TX 75246	Donation
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