

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		OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date Received 2023 JUL 20 AM 10:40 Date Hand-delivered or Date Postmarked: </div> <div style="width: 45%;"> Receipt # Amount \$ Date Processed Date Imaged </div> </div>		
	NICKNAME LAST SUFFIX				
Mr. Jimmy Tran					
NICKNAME LAST SUFFIX Tran					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4740 W. Mockingbird, Suite 195465 Dallas, TX 75209 Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 607-7550				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI				
	NICKNAME LAST SUFFIX				
Mrs. Annika Cail					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7102 Coronado Ave. Dallas, TX 75214 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 783-4966				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 2 23 THROUGH 6 30 23				
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year / / </div> <div style="flex: 2;"> ELECTION TYPE Primary Runoff Other Description General Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
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

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS1. 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)

\$

1,155.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

27,429.78

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

5,009.44

OUTSTANDING
LOAN TOTALS6. 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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

OR

(2) Unsworn Declaration

My name is Jimmy Tran, and my date of birth is September 15, 1980My address is 4740 W. Mockingbird, Suite 195465, Dallas, TX, 75209, USA

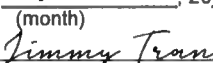
(street)

(city)

(state)

(zip code)

(country)

Executed in Dallas County, State of Texas, on the 20th day of July, 2023


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 SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,155.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,429.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Jimmy Tran		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr style="border-top: 1px dotted black;"/> 6 Contributor address; <small>City; State; Zip Code</small>	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr style="border-top: 1px dotted black;"/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr style="border-top: 1px dotted black;"/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr style="border-top: 1px dotted black;"/> Contributor address; <small>City; State; Zip Code</small>	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.

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 Jimmy Tran Please see attachment		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address;		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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Name	Address	City	Zip	State	Amount	Employer	Occupation
6/4/2023	Gil Glover	6410 Malcolm Drive	Dallas	75214	TX	\$100	N/A	Retired
6/3/2023	Maura Marino	1221 S Street Northwest	Washington	20009	DC	\$50	Self employed	Consultant
6/3/2023	Alicia Chang	6954 Leameadow Drive	Dallas	75248	TX	\$30	Self	Investor
6/8/2023	Tammy Nguyen Lee	5004 Sage Hill Drive	Carrollton	75010	TX	\$50	ATG Productions	Philanthropist
6/8/2023	Marci Armstrong	7335 Hill Forest Drive	Dallas	75230	TX	\$100	SMU Cox	Professor
6/9/2023	Kristen Martinez	5747 Monticello	Dallas	75206	TX	\$75	Northwest ISD	School counselor
6/9/2023	Daniel Enter	7117 Lyre Lane	Dallas	75214	TX	\$500	Baylor	Physician
6/10/2023	Janis Adams	6044 Bryan Parkway	Dallas	75206	TX	\$200	American Airlines	Retired
6/18/2023	Mary Brouillette	5929 Morningside Ave	Dallas	75206	TX	\$50	N/A	Retired
					TOTAL	\$1,155		

Date	Payee	Amount	Payee Address	Purpose of Expenditure
06/01/2023	Millet the Printer	\$6,556.36	1000 S. Ervay St., Dallas Tx 75201	Printing Expense
06/01/2023	Kirschner Strategies	\$500.00	New Brunswick, NJ	Advertising Expense
06/05/2023	Hustle, Inc.	\$1,304.85	548 Market St, PMB 19841, San Francisco, CA 94104	Advertising Expense
06/05/2023	Hector Amaya	\$750.00	Dallas, TX	Salaries/Wages/Contract Labor
06/05/2023	Ariana Perez	\$450.00	Dallas, TX	Salaries/Wages/Contract Labor
06/07/2023	Hector Amaya	\$366.00	Dallas, TX	Salaries/Wages/Contract Labor
06/08/2023	Millet the Printer	\$10,187.89	1000 S. Ervay St., Dallas Tx 75201	Printing Expense
06/08/2023	Mailchimp	\$42.11	Atlanta, GA	Fees
06/08/2023	Susie McMinn	\$43.61	14802 Enterprise Dr., 43D, Farmers Branch, TX 75234	Consulting Expense
06/09/2023	Millet the Printer	\$1,642.43	1000 S. Ervay St., Dallas Tx 75201	Printing Expense
06/09/2023	Ariana Perez	\$312.00	Dallas, TX	Salaries/Wages/Contract Labor
06/12/2023	Taco Joint	\$370.63	6434 E Mockingbird Ln, Dallas, TX 75214	Event Expense
06/12/2023	Ariana Perez	\$420.00	Dallas, TX	Salaries/Wages/Contract Labor
06/12/2023	Hector Amaya	\$690.00	Dallas, TX	Salaries/Wages/Contract Labor
06/14/2023	Judson Stafford	\$200.00	Dallas, TX	Salaries/Wages/Contract Labor
06/21/2023	Amazon	\$21.35	410 Terry Ave N, Seattle 98109, WA	Other
06/22/2023	Thomas Buck	\$750.00	10606 Wyatt St., Dallas, TX 75218	Consulting Expense
07/02/2023	Hustle, Inc.	\$2,822.55	548 Market St, PMB 19841, San Francisco, CA 94104	Advertising Expense
	TOTAL	\$27,429.78		