

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:
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3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST</td> <td style="width:20%;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mr</td> <td>Kevin</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td colspan="2">SUFFIX</td> </tr> <tr> <td></td> <td>Malonson</td> <td colspan="2"></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr	Kevin							NICKNAME	LAST	SUFFIX			Malonson			OFFICE USE ONLY Date Received <div style="text-align: center;"> </div>
MS / MRS / MR	FIRST	MI																				
Mr	Kevin																					
NICKNAME	LAST	SUFFIX																				
	Malonson																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width:100%;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5">5507 Tremont St. Dallas, TX 75214</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5507 Tremont St. Dallas, TX 75214					Date Hand-delivered or Date Postmarked: Receipt # Amount \$ Date Processed Date Imaged										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
5507 Tremont St. Dallas, TX 75214																						
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:20%;">EXTENSION</td> <td style="width:20%;"></td> </tr> <tr> <td>(469)</td> <td>358-9774</td> <td></td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(469)	358-9774															
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Mr.	John																					
NICKNAME	LAST	SUFFIX																				
	Yourse																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5">8523 Shagrock Lane Dallas, TX 75238</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8523 Shagrock Lane Dallas, TX 75238													
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)											
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Month	Day	Year		THROUGH	Month	Day	Year															
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N/A																						
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p>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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS												
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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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,706.97

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 11,364.10

CONTRIBUTION
BALANCE

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

\$ 342.87

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.

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 Kevin Malonson, and my date of birth is 8/31/1973

My address is 5507 Tremont St, Dallas, TX, 75214, US
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 18 day of July, 20 23
(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	\$ 11,706.97
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	\$ 11,364.10
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 John Yourse		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Educate Dallas 6 Contributor address; City; State; Zip Code 500 N Akard St, Suite 2600, Dallas Tx 75214	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Charles Boortz Contributor address; City; State; Zip Code 6417 Vickery, Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Mitchell Carter Contributor address; City; State; Zip Code 6910 Wabash Cir, Dallas TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Willis Johnson Contributor address; City; State; Zip Code 1001 Belleview #1001, Dallas TX 75215	Amount of contribution (\$) 1,000.00
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 John Yourse		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Campaign combined inputs from online agency 6 Contributor address; City; State; Zip Code Stripes DES: W2J8W4L5T5N6	7 Amount of contribution (\$) 2,906.97
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Sole Strategies Rebate Contributor address; City; State; Zip Code 13350 Dallas pwy, DallasTX 75240	Amount of contribution (\$) 2,600.00
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)
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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 John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2023		5 Payee name Mail Chimp			
6 Amount (\$) 59.70		7 Payee address; City; State; Zip Code 675 Ponce De Leon Avenue, Northeast Suite 5000 Atlanta, GA 30308 USA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Services		(b) Description		
	(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 04/24/2023		Payee name Senior Direct Inc			
Amount (\$) 6,244.60		Payee address; City; State; Zip Code 959 W Ralph Hall Pwky Rockwall , TX #101			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Direct Mail		
	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 04/25/2023		Payee name Social Impact Network			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 1808 Good Latimer Expw, Dallas, TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Creating mailers		
	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

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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 F1:		2 FILER NAME John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/2023		5 Payee name Marios Mexican Rest			
6 Amount (\$) 104.71		7 Payee address; 4123 Cedar Springs Rd. Dallas, TX 75219		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Services		(b) Description		
	(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 04/27/2023		Payee name Mail Chimp			
Amount (\$) 73.55		Payee address; 675 Ponce De Leon Avenue, Northeast Suite 5000 Atlanta, GA 30308 USA		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Direct Mail		
	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 04/28/2023		Payee name Outreach Circle			
Amount (\$) 109.00		Payee address; 444 West Ocean Suite 800 PMB #1057 Long Beach CA		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Creating mailers		
	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

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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 F1:		2 FILER NAME John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/2023		5 Payee name Outreach Circle			
6 Amount (\$) 900.00		7 Payee address; City; State; Zip Code 444 West Ocean Suite 800 PMB #1057 Long Beach CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Designing Campaign materials		
	(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					
Date 05/02/2023		Payee name Mario's Mexican Rest			
Amount (\$) 52.30		Payee address; City; State; Zip Code 4123 Cedar Springs Rd. Dallas, TX 75219			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food And Beverage Expense		Description Meeting prospective voters		
	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					
Date 05/02/2023		Payee name Act Blue			
Amount (\$) 25.00		Payee address; City; State; Zip Code ActBlue Charities Inc. Summerville MA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Soliciting fundraising		Description Campaign contacts		
	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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 05/02/2023		5 Payee name Stonewall Democrats			
6 Amount (\$) 35.00		7 Payee address; City; State; Zip Code Stonewall Democrats of Dallas P.O. Box 192305 Dallas, Texas 75219-2305			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food and beverage		
	(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 05/02/2023		Payee name Garden Cafe			
Amount (\$) 565.04		Payee address; City; State; Zip Code 5310 Junius St, Dallas TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food And Beverage Expense		Description Campaign watch party		
	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 05/16/2023		Payee name Social Impact Network			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 1808 Good Latimer Expw, Dallas, TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign contacts		
	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

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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 John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 05/21/2023		5 Payee name BGT Strategies			
6 Amount (\$) 4,000.00		7 Payee address; City; State; Zip Code 1500 Pecos Street, Unit #4 Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting		
	(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 05/21/2023		Payee name Texas Graphics			
Amount (\$) 609.45		Payee address; City; State; Zip Code 1234 Round Table Dr, Dallas, TX 75247			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Yard signs		
	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 05/21/2023		Payee name BGT Strategies			
Amount (\$) 1,040.00		Payee address; City; State; Zip Code 1500 Pecos Street, Unit #4 Dallas, TX 75204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign contacts		
	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/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 John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 05/21/2023		5 Payee name BGT Strategies/Laelyn Sharpe			
6 Amount (\$) 1,690.00		7 Payee address; 1500 Pecos Street, Unit #4 Dallas, TX 75204		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting		
	(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 05/21/2023		Payee name Outreach Circle			
Amount (\$) 407.94		Payee address; 4 West Ocean Suite 800 PMB #1057 Long Beach C		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign messaging		
	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 05/23/2023		Payee name Chism Strategies			
Amount (\$) 4,009.00		Payee address; 305 Green Oak Lane Madison MS 39110		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Materials		
	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:		2 FILER NAME John Yourse		3 Filer ID (Ethics Commission Filers)	
4 Date 05/21/2023		5 Payee name BGT Strategies			
6 Amount (\$) 826.61		7 Payee address; City; State; Zip Code 1500 Pecos Street, Unit #4 Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting	
		(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) Consulting Expense		Description Campaign Materials	
		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	

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