

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 Filer)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME		<input checked="" type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MISS <input type="radio"/> M	FIRST Amanda	MI J	OFFICE USE ONLY	
		NICKNAME	LAST Smith	SUFFIX	Date Received RECEIVED JUL 17 2024 NORTHWEST ISD Superintendent's Office Email 7-17-24 AS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS (PO BOX)	APT / SUITE #	CITY	STATE	ZIP CODE
		3000 Sangria Lane Fort Worth tx				76177
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
		(817)	715-1001			
6 CAMPAIGN TREASURER NAME		<input checked="" type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MISS <input type="radio"/> M	FIRST Amanda	MI J		
		NICKNAME	LAST Smith	SUFFIX	Date Processed 7-17-24 Date Imaged 7-18-24	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
		3000 Sangria Lane Fort Worth tx				76177
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
		(817)	715-1001			
9 REPORT TYPE		<input type="radio"/> January 15 <input checked="" type="radio"/> July 15	<input type="radio"/> 30th day before election <input type="radio"/> 8th day before election	<input type="radio"/> Runoff <input type="radio"/> Exceeded Modified Reporting Limit	<input checked="" type="radio"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="radio"/> Final Report (State C/OH - FR)	
10 PERIOD COVERED		Month	Day	Year	THROUGH	Month Day Year
		1	17	2024		7 15 2024
11 ELECTION		ELECTION DATE			ELECTION TYPE	
		Month	Day	Year	<input type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Runoff <input type="radio"/> Special	<input type="radio"/> Other Description
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
					NISD Board of Trustee Place 2	
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			

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
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4	TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.

Amanda

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 Amanda Smith and my date of birth is 6-21-1991
My address is 3000 Sangria Lane FORT WORTH TX 76177 USA
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas on the 15th day of July 202024
(month) (year)

Amanda

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Amanda Smith

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Amanda
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Amanda
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Amanda
Signature of Officeholder