

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	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jandel	MI
	NICKNAME	LAST Crutchfield	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1676 Cardinal Rd Mansfield, TX 76063		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 04/26/2024	THROUGH	Month Day Year 05/04/2024
10 ELECTION	ELECTION DATE Month Day Year 05/04/2024		ELECTION TYPE
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None Place 2 District Mansfield Tarrant	12 OFFICE SOUGHT (if known) Mansfield ISD School Board Place 2 Place 2 District Mansfield	

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

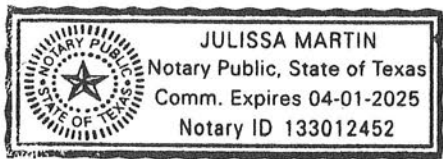
13 C / OH NAME Crutchfield, Jandel	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS	
	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL							
	<input type="checkbox"/> SPECIFIC							
COMMITTEE CAMPAIGN TREASURER NAME								
COMMITTEE CAMPAIGN TREASURER ADDRESS								

16 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)	\$ 590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Jandel Crutchfield, this the January day of 21, 2025, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering	<u>Julissa Martin</u> _____ Printed name of officer administering	<u>Administrative Assistant</u> _____ Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Crutchfield, Jandel	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 590.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/5
2 FILER NAME Crutchfield, Jandel		3 Filer ID
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kyrrah <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76015	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Texas at Arlington
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiagome, Corinne <hr/> Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Non-profit and social services consultant		Employer (See Instructions) Self-employed
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ambra <hr/> Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Arlington
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledet, Fred <hr/> Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77048	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) AT&T
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malvern, John <hr/> Contributor address; City; State; Zip Code [REDACTED] Desoto, TX 75115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Health inspector		Employer (See Instructions) Dallas County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/5
2 FILER NAME Crutchfield, Jandel		3 Filer ID
4 Date 04/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Ben	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75054		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Schneider Electric
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Scherron	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) congressional office
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rike, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) retired librarian		Employer (See Instructions) unemployed
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Allan	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self-employed