

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: 12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr Jonathan I
NICKNAME LAST SUFFIX
Bove

OFFICE USE ONLY



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] The Hills, TX 78738

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

4-2-2025

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr Jonathan I
NICKNAME LAST SUFFIX
Bove

Receipt #

Amount \$

Date Processed

4-2-2025

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] The Hills, TX 78738

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
([REDACTED])

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 25 THROUGH 4 / 2 / 25

11 ELECTION

ELECTION DATE

Month Day Year
5 / 3 / 25

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

LTISD Board of Trustees, Place 4

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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Jonathan I Bove

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)

\$

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

\$ 1,423.40

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,881.82

CONTRIBUTION
BALANCE

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

\$

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 Jonathan Bove, and my date of birth is _____

My address is _____, The Hills, TX, 78738, USA

(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 2nd day of April, 2025

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jonathan Bove

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,423.40
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	\$ 1,423.40
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	\$ 3,458.42
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: **4****2 FILER NAME**

Jonathan Bove

3 Filer ID (Ethics Commission Filers)**4 Date**

03/29/2025

5 Full name of contributor

David Hostetler

out-of-state PAC (ID#): _____

7 Amount of contribution (\$)**100.00****6 Contributor address:**

City:

State:

Zip Code

Lakeway TX 78738

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****Date**

03/13/2025

Full name of contributor

David Zatlin

out-of-state PAC (ID#): _____

Amount of contribution (\$)**50.00****Contributor address:**

City:

State:

Zip Code

Austin TX 78734

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

03/05/2025

Full name of contributor

Richard Lasek

out-of-state PAC (ID#): _____

Amount of contribution (\$)**10.00****Contributor address:**

City:

State:

Zip Code

Hinsdale IL, 60521

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

03/04/2025

Full name of contributor

Aruna Jahoor

out-of-state PAC (ID#): _____

Amount of contribution (\$)**50.00****Contributor address:**

City:

State:

Zip Code

Austin TX 78738

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: **4**

2 FILER NAME

Jonathan Bove

3 Filer ID (Ethics Commission Filers)

4 Date

02/27/2025

5 Full name of contributor

Kellie Vugrincic

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

Austin TX 78738

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/27/2025

Full name of contributor

Casey Petersen

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Inver Grove Heights MN 55077

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2025

Full name of contributor

LeAnn Domin

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Austin TX 78738

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2025

Full name of contributor

John Dashtara

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Austin TX 78738

Amount of contribution (\$)

150.00

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: **4**

2 FILER NAME

Jonathan Bove

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/2025

5 Full name of contributor

Jennifer Cassidy

out-of-state PAC (ID#:

7 Amount of contribution (\$)

239.70

6 Contributor address;

City;

State; Zip Code

Land O Lakes FL 34639

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/04/2025

Full name of contributor

Kimberly Tucker

out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2025

Full name of contributor

Shaun Jamieson

out-of-state PAC (ID#:

Amount of contribution (\$)

23.70

Contributor address;

City;

State; Zip Code

Ames IA 50010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2025

Full name of contributor

Ben Bowman

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

Alexandria VA 22301

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: **4**

2 FILER NAME

Jonathan I Bove

3 Filer ID (Ethics Commission Filers)

4 Date

01/31/2025

5 Full name of contributor

Web Begole

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED], Brooklyn NY 11201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/31/2025

Full name of contributor

Nathan Fisk

out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Temple Terrace FL 33617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2025

Full name of contributor

Jim Young

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Lakeway TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2025

Full name of contributor

Larry Boatright

out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Spicewood TX 78669

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: 1		2 FILER NAME Jonathan Bove		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2025		5 Payee name Stokes Sign Company			
6 Amount (\$) 533.64		7 Payee address; City; State; Zip Code 1909 Ranch Rd 620 S, Lakeway, TX 78734			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Second Round Sign Order (Partial)		
	(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 02/27/2025		Payee name Stokes Sign Company			
Amount (\$) 889.76		Payee address; City; State; Zip Code 1909 Ranch Rd 620 S, Lakeway, TX 78734			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Original Sign Deposit (Yard and Roadside)		
	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: 4	2 FILER NAME Jonathan Bove	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2025	5 Payee name Stokes Sign Co	
6 Amount (\$) 219.81 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1909 Ranch Rd 620 S, Lakeway, TX 78734	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Second Round Sign Order (Balance)
	(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 04/02/2025	Payee name Moo Inc	
Amount (\$) 139.05 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 25 Fairmount Ave, East Providence, RI 02914	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Business Cards
	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 03/10/2025	Payee name Lowes #1948	
Amount (\$) 140.98 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12611 Suite 100 Shops Pkwy, Bee Cave, TX 78738	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)
	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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Jonathan Bove	3 Filer ID (Ethics Commission Filers)
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4 Date 03/05/2025	5 Payee name Lowes #1948
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6 Amount (\$) 231.28 Reimbursement from political contributions intended	7 Payee address; 12611 Suite 100 Shops Pkwy, Bee Cave, TX 78738 City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)
	(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
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Date 03/05/2025	Payee name Lowes Online
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Amount (\$) 323.45 Reimbursement from political contributions intended	Payee address; 1000 Lowe's Boulevard Mooresville, NC 28117 City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)
	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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Date 03/05/2025	Payee name Lowes Online
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Amount (\$) 345.30 Reimbursement from political contributions intended	Payee address; 1000 Lowe's Boulevard Mooresville, NC 28117 City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)
	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4		2 FILER NAME Jonathan Bove		3 Filer ID (Ethics Commission Filers)	
4 Date 03/03/2025		5 Payee name Lowes #1948			
6 Amount (\$) 47.05 Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 12611 Suite 100 Shops Pkwy, Bee Cave, TX 78738			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)		
	(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 03/03/2025		Payee name Lowes Online			
Amount (\$) 636.51 Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1000 Lowe's Boulevard Mooresville, NC 28117			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)		
	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 02/28/2025		Payee name Stokes Sign Co			
Amount (\$) 1,095.19 Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1909 Ranch Rd 620 S, Lakeway, TX 78734			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Original Sign Order (Balance)		
	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					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME Jonathan Bove	3 Filer ID (Ethics Commission Filers)
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4 Date 01/30/2025	5 Payee name GoDaddy
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6 Amount (\$) 80.50 Reimbursement from political contributions intended	7 Payee address; 2155 E GoDaddy Way, Tempe, AZ 85284 City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Webhosting
	(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
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Date 02/27/2025	Payee name Amazon Marketplace
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Amount (\$) 199.30 Reimbursement from political contributions intended	Payee address; 410 Terry Avenue North, Seattle WA 98109 City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Roadside Sign Supplies (Stakes, Plywood, Cordage, Posts, etc.)
	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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Date	Payee name
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Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED