

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: **6**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Jeffrey L
NICKNAME LAST SUFFIX
Jeff Dearing

OFFICE USE ONLY

RECEIVED

APR 3 2025

NORTHWEST ISD
Superintendent's Office

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
14801 Cedar Gap Place Roanoke, Texas 76262

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 713-7466

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms Pallavi
NICKNAME LAST SUFFIX
Patel

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
101 Brentwood Cir. Southlake, Texas 76092

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(970) 342-7237

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 3 / 24 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 3 / 25 General Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Northwest ISD Board of Trustees, Place 3

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 Jeff Dearing		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)	\$ 1,079.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,953.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,079.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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 Jeffery Dearing, and my date of birth is 08/13/1970
 My address is 14801 Cedar Gap Place, Roanoke, Texas 76262, USA
(street) (city) (state) (zip code) (country)
 Executed in Denton County, State of Texas, on the 3 day of April, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Jeff Dearing

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,079.70
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,953.73
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**

2 FILER NAME
Jeff Dearing

3 Filer ID (Ethics Commission Filers)

4 Date
03/20/2025

5 Full name of contributor out-of-state PAC (ID#: _____)
Jeffrey Dearing

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
14801 Cedar Gap Place Roanoke, Texas 76262

26.67

8 Principal occupation / Job title (See Instructions)
Financial Advisor

9 Employer (See Instructions)
Diamond Financial

Date
03/21/2025

Full name of contributor out-of-state PAC (ID#: _____)
Derek Kloer

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9110 Avery Ranch Way Justin, Texas 76247

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/21/2025

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Lebanik

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2140 East Southlake Blvd, L-512 Southlake, Texas 76092

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2025

Full name of contributor out-of-state PAC (ID#: _____)
Erin Pavlak

Amount of contribution (\$)

Contributor address; City; State; Zip Code
14217 Aston Falls Dr. Haslet, Texas 76052

50.00

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.

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1 Total pages Schedule A1:

2 FILER NAME

Jeff Dearing

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/20

5 Full name of contributor

Jessica Nord

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

102 Carnoustie Dr. Trophy Club, Texas 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/20

Full name of contributor

Tracy Furlong

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

Amount of contribution (\$)

53.03

Contributor address; City; State; Zip Code

16020 Pemberly Way Haslet, Texas 76052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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LOANS

SCHEDULE E

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

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1 Total pages Schedule E: **1**

2 FILER NAME
Jeffrey Dearing

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **2,000.00**

5 Date of loan
03/15/2025

7 Name of lender out-of-state PAC (ID# _____)
Jeffrey Dearing

9 Loan Amount (\$)
2,000.00

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code
14801 Cedar Gap Place Roanoke, Texas 76262

10 Interest rate
0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Financial Advisor

13 Employer (See Instructions)
Self- Diamond Financial

14 Description of Collateral
none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?
 Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 Jeffrey Dearing	3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2025	5 Payee name The UPS Store	
6 Amount (\$) 162.38	7 Payee address; City; State; Zip Code 720 S. Highway 377 Ste. 140 Roanoke, Texas 76262	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Full Service Copies- color
	(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 Jeff Dearing	Office sought NISD Board of Trustees, pl. 3
		Office held none
Date 03/11/2025	Payee name Signs Plus	
Amount (\$) 1,759.50	Payee address; City; State; Zip Code 206 E. Byron Nelson Blvd. Roanoke, Texas 76262	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign signs
	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 Jeff Dearing	Office sought NISD Board of Trustees, pl. 3
		Office held none
Date 03/11/2025	Payee name Donor Box	
Amount (\$) 31.85	Payee address; City; State; Zip Code 1520 Belleview #4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Merchant Fees
	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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