2-66
Prescribed by Secretary of State
Section 145.001, Texas Election Code
9/2023

# CERTIFICATE OF WITHDRAWAL

I, Jennifer Ramsey, a candidate for the office of KISD Trustee Place 3, hereby withdraw my candidacy from the 2025 KISD Board of Trustee election. The election is being conducted by Keller ISD and is to be held on 5/3/25.
(political subdivision/county/party) (date)

Signature of Candidate

"The State of Texas,

"County of Tarrant,

"This instrument was acknowledged before me on February 18, 2025 by
(date)

(withdrawing candidate).

Catherine Whited
(Signature of officer)

(Seal)

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2026

NOTARY
(Title of officer)

My commission expires: 06-17-2026

*Forma prescrita por la Secretaría de Estado*
*Fracción 145.001 del Código Electoral de Tejas*

## *CONSTANCIA DE RETIRO DE CANDIDATURA*

*Yo, _____, candidato/a al cargo de _____, por este medio retiro mi candidatura de la elección _____. Dicha elección estará a cargo de _____ y se celebrará el _____.*
*(subdivisión política/condado/partido) (fecha)*

*Firma del/de la Candidato/a*

*"El estado de _____,*

*"Condado de _____,*

2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
09/2023

# APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

**ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL[1] Failure to provide required information may result in rejection of application.**

**APPLICATION FOR A PLACE ON THE** Keller ISD Board of Trustees **GENERAL ELECTION BALLOT**

TO: City Secretary/Secretary of Board **(name of election)**

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

| **OFFICE SOUGHT** (Include any place number or other distinguishing number, if any.) | **INDICATE TERM** |
|---|---|
| Keller ISD Trustee Place 3 | ☑ FULL ☐ UNEXPIRED |

| **FULL NAME** (First, Middle, Last) | **PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*** |
|---|---|
| Jennifer Lane Ramsey | Jennifer Ramsey |

| **PERMANENT RESIDENCE ADDRESS** (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) | | | **PUBLIC MAILING ADDRESS (Optional)** (Address for which you receive campaign related correspondence, if available.) | | |
|---|---|---|---|---|---|
| 4509 Buffalo Bend Pl. | | | 4509 Buffalo Bend Pl. | | |
| **CITY** | **STATE** | **ZIP** | **CITY** | **STATE** | **ZIP** |
| Ft. Worth | TX | 76137 | Ft. Worth | TX | 76137 |

| **PUBLIC EMAIL ADDRESS (Optional)** (Address for which you receive campaign related emails, if available.) | **OCCUPATION (Do not leave blank)** | **DATE OF BIRTH** | **VOTER REGISTRATION VUID NUMBER[2] (Optional)** |
|---|---|---|---|
| ramseyforkisd@gmail.com | Educator | [redacted] | 1047914792 |

**TELEPHONE CONTACT INFORMATION (Optional)**

Home: Office: Cell:

| **FELONY CONVICTION STATUS (You MUST check one)** | **LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN** | |
|---|---|---|
| | **IN THE STATE OF TEXAS** | **IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED** |
| ☑ I have not been finally convicted of a felony. | 22 year(s) | 4 year(s) |
| ☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3] | 6 month(s) | 6 month(s) |

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Jennifer Lane Ramsey, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Jennifer Lane Ramsey, of Tarrant County, Texas, being a candidate for the office of Trustee Place 3 (KISD), swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

X [signature]
**SIGNATURE OF CANDIDATE**

Sworn to and subscribed before me this the 16th (day) day of January (month), 2025 (year), by Jennifer Lane Ramsey (name of candidate).

[signature]
Signature of Officer Authorized to Administer Oath[4]

Catherine Whited
Printed Name of Officer Authorized to Administer Oath

NOTARY
Title of Officer Authorized to Administer Oath

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2026
Notarial Official Seal

**TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:**
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and $_____ filing fee or a nominating petition of _____ pages received. ☑ **Voter Registration Status Verified**

01/16/2025 Date Received
01/17/2025 Date Accepted
**(See Section 1.007)**
[signature]
Signature of Filing Officer or Designee

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

**OFFICE USE ONLY**

Filer ID #

Date Received 01/16/2025

Date Hand-delivered or Postmarked 01/16/2025

Receipt # | Amount $

Date Processed 01/17/2025

Date Imaged 01/17/2025

**2 CANDIDATE NAME**

MS / MRS / MR: Ms. | FIRST: Jennifer | MI: Lane

NICKNAME | LAST: Ramsey | SUFFIX

**3 CANDIDATE MAILING ADDRESS**

ADDRESS / PO BOX: 4509 Buffalo Bend Pl. | APT / SUITE #: | CITY: Ft Worth | STATE: Tx | ZIP CODE: 76137

**4 CANDIDATE PHONE**

AREA CODE: (817) | PHONE NUMBER: 658-9646 | EXTENSION

**5 OFFICE HELD** (if any)

**6 OFFICE SOUGHT** (if known)

Keller ISD Board of Trustees - Trustee Place 3

**7 CAMPAIGN TREASURER NAME**

MS/MRS/MR: Mr. | FIRST: Brody | MI | NICKNAME | LAST: Mulligan | SUFFIX

**8 CAMPAIGN TREASURER STREET ADDRESS** (residence or business)

STREET ADDRESS: 312 Rambling | APT / SUITE #: | CITY: Euless | STATE: Tx | ZIP CODE: 76039

**9 CAMPAIGN TREASURER PHONE**

AREA CODE: (214) | PHONE NUMBER: 546-1820 | EXTENSION

**10 CANDIDATE SIGNATURE**

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

1-15-25
Date Signed

GO TO PAGE 2

# CANDIDATE MODIFIED REPORTING DECLARATION



| | |
|---|---|
| 11 CANDIDATE NAME | |
| 12 MODIFIED REPORTING DECLARATION | **COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING** |

**•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**
(An election cycle includes a primary election, a general election, and any related runoffs.)

**• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••**

I do not intend to accept more than $1,110 in political contributions or make more than $1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

_____
Year of election(s) or election cycle to which declaration applies

_____
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

# CODE OF FAIR CAMPAIGN PRACTICES

**FORM CFCP**
**COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

**OFFICE USE ONLY**

| |
|---|
| Date Received |
| Date Hand-delivered or Postmarked |
| Date Processed |
| Date Imaged |

**1 ACCOUNT NUMBER**
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE [X] — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

POLITICAL COMMITTEE [ ] — *If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**
(PLEASE TYPE OR PRINT)

| TITLE (Dr., Mr., Ms., etc.) | FIRST | MI |
|---|---|---|
| Ms. | Jennifer | Lane |

| NICKNAME | LAST | SUFFIX (SR., JR., III, etc.) |
|---|---|---|
| | Ramsey | |

**4 TELEPHONE NUMBER OF CANDIDATE**
(PLEASE TYPE OR PRINT)

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (817) | 658-9646 | |

**5 ADDRESS OF CANDIDATE**
(PLEASE TYPE OR PRINT)

| STREET / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
|---|---|---|---|---|
| 4509 Buffalo Bend Pl. | | ~~Ft. Worth~~ | Tx | 76137 |

**6 OFFICE SOUGHT BY CANDIDATE**
(PLEASE TYPE OR PRINT)

Keller ISD Trustee Place 3

**7 NAME OF COMMITTEE**
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN TREASURER**
(PLEASE TYPE OR PRINT)

| TITLE (Dr., Mr., Ms., etc.) | FIRST | MI |
|---|---|---|
| Mr. | Brody | |

| NICKNAME | LAST | SUFFIX (SR., JR., III, etc.) |
|---|---|---|
| | Mulligan | |

**GO TO PAGE 2**

# CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Jennifer Ray
Signature

1-15-2025
Date

# 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:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Ms | FIRST: Jennifer | MI: L
NICKNAME | LAST: Ramsey | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4509 Buffalo Bend Pl.
Fort Worth TX 76137

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (432) | PHONE NUMBER: 235-2657 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. | FIRST: Brody | MI:
NICKNAME | LAST: Mulligan | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
312 Rambling, Euless, Tx 76039

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (214) | PHONE NUMBER: 546-1820 | EXTENSION

**9 REPORT TYPE**

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

**10 PERIOD COVERED**

Month / Day / Year: 1 / 16 / 25 THROUGH 4 / 3 / 25

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 5 / 3 / 25

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ■ Other — Description: Local-School Board Election for Keller ISD
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known): Keller ISD Trustee Place 3

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

Additional Pages

**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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received: 4/10/2025

Date Hand-delivered or Date Postmarked: 4/3/2025

Receipt # | Amount $

Date Processed

Date Imaged

**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) |
|---|---|
| Jennifer Lane Ramsey | |

| | | | |
|---|---|---|---|
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 15.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 115.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 365.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 350.00 |
| 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.

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 Jennifer Ramsey, and my date of birth is 03-15-72.

My address is 4509 Buffalo Bend Pl, Ft Worth, TX, 76137, USA.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (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 | $ 350.00 |
| 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 | $ |
| 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 115.00 | $ [redacted] |
| 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: 1

**2** FILER NAME
Jennifer Lane Ramsey

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

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code | **7** Amount of contribution ($) |
|---|---|---|
| 02/02/2025 | Ashley Adkins<br>336 Snapdragon Ct. Burleson TX 76028 | 250.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Homemaker | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 02/10/2025 | David Kaner<br>1945 Winter Dr. Keller Tx 76262 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Self |

| 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) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# 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:

OFFICE USE ONLY

Date Received: 4/25/2025

Date Hand-delivered or Date Postmarked: 4/25/2025

Receipt # | Amount $

Date Processed: 4/28/2025

Date Imaged: 4/28/2025

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Ms | FIRST: Jennifer | MI: L

NICKNAME | LAST: Ramsey | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE

4509 Buffalo Bend Pl.
Fort Worth TX 76137

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE: (432) | PHONE NUMBER: 235-2657 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. | FIRST: Brody | MI

NICKNAME | LAST: Mulligan | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE

312 Rambling, Euless, Tx 76039

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (214) | PHONE NUMBER: 546-1820 | EXTENSION

**9 REPORT TYPE**

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

**10 PERIOD COVERED**

Month / Day / Year: 1 / 16 / 25 THROUGH 4 / ~~25~~ / 25

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 5 / 3 / 25

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ■ Other Description: Local-School Board Election for Keller ISD
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT** (if known)

Keller ISD Trustee Place 3

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

Additional Pages

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# 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 | $ 350.00 |
| 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 | $ |
| 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 115.00 | $ [redacted] |
| 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 | $ |

# 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 | $ 350.00 |
| 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 | $ |
| 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 115.00 | $ [redacted] |
| 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 | $ |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|---|---|---|---|
| 15 C/OH NAME<br>Jennifer Lane Ramsey | | | 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) | $ NEED 15.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE | $ 115.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 365.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 350.00 |
| 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.

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

**(2) Unsworn Declaration**

My name is Jennifer Ramsey _____, and my date of birth is 03-15-72

My address is 4509 Buffalo Bend Pl Fl Worth TX 76137 USA

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Jennifer Lane Ramsey

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) | $ ~~150.00~~ 15.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE | $ 115.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | $ 365.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 350.00 |
| 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.

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

**(2) Unsworn Declaration**

My name is Jennifer Ramsey _____, and my date of birth is 03-15-72

My address is 4509 Buffalo Bend Pl, Fulshear, TX, 77432, USA
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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
Jennifer Lane Ramsey

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID# ) | 7 Amount of contribution ($) |
|---|---|---|
| 02/02/2025 | Ashley Adkins | 250.00 |
| | 6 Contributor address; City; State; Zip Code: 336 Snapdragon Ct. Burleson TX 76028 | |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Homemaker | Self |

| Date | Full name of contributor / out-of-state PAC (ID#: ) | Amount of contribution ($) |
|---|---|---|
| 02/10/2025 | David Kaner | 100.00 |
| | Contributor address; City; State; Zip Code: 1945 Winter Dr. Keller Tx 76262 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Self |

| 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**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**