

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:

25

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

STEPHEN

G

NICKNAME

LAST

SUFFIX

GREG

JUBENVILLE

OFFICE USE ONLY

Date Received

RECEIVED
4/6/23

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

3632 SMOOTHSTONE DRIVE, PLANO, TX 75074

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

467-9412

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR

BRUCE

R

NICKNAME

LAST

SUFFIX

CARLIN

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

921 GRAPEVINE COURT, PROSPER, TX 75078

(Residence or Business)

APR 6 8:38AM

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

571-2543

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

1 / 22 / 23

THROUGH

Month Day Year

3 / 27 / 23

11 ELECTION

ELECTION DATE

Month Day Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

PLANO ISD BOARD OF TRUSTEES PLACE 5

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME GREG JUBENVILLE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,568.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 250.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,168.46
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: <i>1 of 15</i>
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JUDY MOSES	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 6227 PINEVIEW DALLAS TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) BRAD VON READEN	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1500 GLASTONBURY DR PLANO TX 75075	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) DAVID LEWIS	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2000 N CENTRAL EXPRESSWAY PLANO TX 75074	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) GRANT TONNE	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 730 E PART, STE 104 PLANO TX 75074	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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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 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) DUANE HALLOF 6 Contributor address; City; State; Zip Code 5960 STACY ROAD, #6117, MCKINNEY TX 75070	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) ALAN ADKINS Contributor address; City; State; Zip Code 11990 ASHAWAY LANE, FRISCO TX 75035	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) RICK CLEMENTS Contributor address; City; State; Zip Code 153 HARTFORD CIRCLE, COPPELL TX 75019	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) TEVIN JOHNSON Contributor address; City; State; Zip Code 5213 IDLEWOOD TRAIL, PRINCETON TX 75407	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JONATHAN KELLEY	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 2200 EASTWOOD DR, RICHARDSON TX 75080	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) HAROLD JUBENVILLE	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 31483 BOBRICH, LIVONIA MI 48152	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) ABRAHAM SHARP	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2408 DALGREEN DR, PLANO, TX 75075	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) DAVID MULLINS	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 204 THOMPSON DR, RICHARDSON, TX 75080	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID DELLINGER 6 Contributor address; City; State; Zip Code PO BOX 260676, PLANO TX 75026	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) JOSEPH SCHELL Contributor address; City; State; Zip Code 4601 SPRINGHILL ESTATES DR, ALLEN TX 75002	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) VARKEY JOHN Contributor address; City; State; Zip Code 967 SOUTHWICK LN ALLEN TX 75013	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM EASON Contributor address; City; State; Zip Code 6622 DARTBORRK DR, DALLAS TX 75254	Amount of contribution (\$) 500.00
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: 5 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) STEVE CROWE	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 1324 LIGHTHOUSE LN, ALLEN TX 75013	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) ED&MYRNA ACKLIN	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3612 CANDELARIA DR, PLANO TX 75023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) BRYAN BRANNIES	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 9201 WARREN PRKWY, STE 200,PMB 289, FRISCO TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) GARY RACKLEY	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1504 IOWA DR, PLANO TX 75093	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JASON ELMORE	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 4725 PINE ST, SEABROOK TX 77586	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) CHRIS JACKSON	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 5416 BENT TREE DR, DALLAS TX 75248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: _____) CRAIG GIBSON	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3628 SMOOTHSTONE DR, PLANO TX 75074	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: _____) SHEILA PATTERSON	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 9912 DERWENT DR, PLANO, TX 75025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) MATTHEW URESTE 6 Contributor address; City; State; Zip Code 7298 COLONY DR, WEST BLOOMFIELD MI 48323	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) TROY NINI Contributor address; City; State; Zip Code 7702 SCOTIA DR, DALLAS TX 75248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) GEOFFREY FRAZIER Contributor address; City; State; Zip Code 2321 ARROYO CT, PLANO TX 75074	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) GARY SIRKEL Contributor address; City; State; Zip Code 8050 CR 735, PRINCETON TX 75407	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) DEAN KIM	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 1923 WHITE OAK CLEARING, SOUTHLAKE TX 76092	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) JOSEPH SAUNDERS	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 230 MOORE AVE SE, VIENNA VA 22180	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) SUSIE LEARMONT	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 5813 BRAEMAR DR, PLANO TX 75093	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) MARK WILSON	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3918 GASPAR DR, DALLAS TX 75220	
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2023	5 Full name of contributor LISA VINCELLI out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 187 CLASSEN DR, DALLAS TX 752178	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor JON SCHAEFFER out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 16203 DALMALLEY LN, DALLAS TX 75248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2023	Full name of contributor CARL MASON out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5024 ALBANY DR, PLANO TX 75093	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2023	Full name of contributor RICHARD GLASS out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7319 WILLIAMSWOOD DR, DALLAS TX 75252	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10 of 15</i>
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) LISA SMITH	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 4545 STATEN ISLAND CR, PLANO TX 75075	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2023	Full name of contributor out-of-state PAC (ID#: _____) BART BAILEY	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 101 TIBURON CT, ALLEN TX 75013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) ED&MYRNA ACKLIN	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3612 CANDELARIA DR, PLANO TX 75023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) KEN PAREDES	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1881 PRAIRIE DOG RUN, RICHARDSON TX 75080	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

GREG JUBENVILLE

3 Filer ID (Ethics Commission Filers)

4 Date

03/18/2023

5 Full name of contributor

WILLIAM KENNEDY

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

6 Contributor address;

City;

State;

Zip Code

349 DOGWOOD TRIAL, COPPELL TX 75019

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/20/2023

Full name of contributor

DUKE PITTS

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

Contributor address;

City;

State;

Zip Code

1853 E READING RD, HILLSDALE MI 49242

Amount of contribution (\$)

69.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2023

Full name of contributor

MICHAEL CLAY

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

Contributor address;

City;

State;

Zip Code

899 RIDGEWOOD CIR, BARTONVILLE TX 76226

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2023

Full name of contributor

CHRISTOPHER DAGUE

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

Contributor address;

City;

State;

Zip Code

1804 EASTFORK LANE, WYLIE TX 75098

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) EMERSON ARGUETA 6 Contributor address; City; State; Zip Code 2000 E LAMAR BLVD, #600, ARLINGTON TX 76006	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) PATRICIA GREER Contributor address; City; State; Zip Code 3012 JOMAR DRIVE, PLANO TX 75075	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) BRUCE CARLIN Contributor address; City; State; Zip Code 921 GRAPEVINE CT, PROSPER, TX 75078	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2023	Full name of contributor out-of-state PAC (ID#: _____) PHILLIP BELLINGAN Contributor address; City; State; Zip Code 2512 DALGREEN DR, PLANO TX 75075	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) KATHLEEN JUBENVILLE	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 31483 BOBRICH, LIVONIA MI 48152		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) DENISE MIDGLEY	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2608 STONE CREK DR, PLANO TX 75075		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) GERALD KREITMAN	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 4409 TURNBERRY CT, PLANO TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) ROBERT CANRIGHT JR	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8621 BERWICK DR, PLANO TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID S KEMP&DIANNA BISCAN	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 7714 ELEMENT AVE, PLANO TX 75024	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL RATTLEFF	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 4128 KITE MEADOW DR, PLANO TX 75074	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) JUDY MOSES	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code 6227 PINEVIEW, DALLAS TX 75248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) PHILLIP BELLIGAN	Amount of contribution (\$) 149.00
	Contributor address; City; State; Zip Code 2512 DALGREEN DR, PLANO TX 75075	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 15 of 15
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) BRUCE CARLIN 6 Contributor address; City; State; Zip Code 921 GRAPEVINE CT, PROSPER TX 75078	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor out-of-state PAC (ID#: _____) STEPHEN GREGORY JUBENVILLE Contributor address; City; State; Zip Code 3632 SMOOTHSTONE DR, PLANO TX 75074	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2023	Full name of contributor out-of-state PAC (ID#: _____) STEPHEN GREGORY JUBENVILLE Contributor address; City; State; Zip Code 3632 SMOOTHSTONE DR, PLANO TX 75074	Amount of contribution (\$) 100.00
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 100.00	
5 Date 02/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY RATTLEFF	8 Amount of Contribution \$ 100.00	9 In-kind contribution description LOGO DESIGN
7 Contributor address; City; State; Zip Code 4128 KITE MEADOW DR, PLANO TX 75074		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEDOMWORKS PAC	Amount of Contribution \$ 150.00	In-kind contribution description TRAINING
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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	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 F1: 6	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2023	5 Payee name CAMPAIGN PARTNER	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code PO BOX 118, STILL RIVER, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(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 GREG JUBENVILLE	Office sought PISD BOARD OF TRUSTEE PLACE 5
Date 02/06/2023	Payee name KEEPERS PRESS	
Amount (\$) 1,149.52	Payee address; City; State; Zip Code 1905 ALPHA, STE 170, ROCKWALL TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MARKETING MATERIALS
	(c) 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
Date 02/16/2023	Payee name COLLIN COUNTY REPUBLICAN PARTY	
Amount (\$) 300.00	Payee address; City; State; Zip Code 2963 W 15TH ST. STE 2981, PLANO TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TABLE A LINCOLN DAY DINNER
	(c) 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

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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	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 F1: <u>6</u>	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Payee name COLLIN COUNTY CONSERVATIVE REPUBLICANS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1015 SAM RAYBURN TOLLWAY, ALLEN TX 75013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description TABLE AT MONTHLY MEETING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/21/2023	Payee name KEEPERS PRESS	
Amount (\$) 1,244.88	Payee address; City; State; Zip Code 1905 ALPHA DR, STE 170, ROCKWALL TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MARKETING MATERIALS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/03/2023	Payee name LEADERSHIP INSTITUTE	
Amount (\$) 15.00	Payee address; City; State; Zip Code 1101 N HIGHLAND ST, ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description TRAINING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Payee name CAMPAIGN PARTNER	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code PO BOX 118, STILL RIVER, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/07/2023	Payee name EDGERTON STRATEGY	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1540 KELLER PKWY #108-402, KELLER, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/10/2023	Payee name WALMART	
Amount (\$) 50.04	Payee address; City; State; Zip Code 6001 N CENTRAL EXPY, PLANO TX 75023	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/DRINK EXPENSE	Description FOOD & DRINKS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1: 6	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2023	5 Payee name OFFICE DEPOT	
6 Amount (\$) 8.11	7 Payee address; City; State; Zip Code 909 N CENTRAL EXPY, PLANO TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description NAME TAGS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/13/2023	Payee name WALMART	
Amount (\$) 25.22	Payee address; City; State; Zip Code 6001 N CENTRAL EXPY, PLANO, TX 75023	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description FOOD
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/13/2023	Payee name TOTAL WINE AND MORE	
Amount (\$) 177.71	Payee address; City; State; Zip Code 721 N CENTRAL EXPY, PLANO TX 75075	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description DRINKS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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 | 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 F1: <p style="text-align:center">6</p>	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2023	5 Payee name COSTCO WHOLESALE	
6 Amount (\$) 321.48	7 Payee address; City: State: Zip Code 3800 N CENTRAL EXPY, PLANO TX 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description FOOD
	(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 03/14/2023	Payee name EDGERTON STRATEGY	
Amount (\$) 500.00	Payee address; City: State: Zip Code 1540 KELLER PKWY, #108-402, KELLER, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING
	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 03/20/2023	Payee name EDGERTON STRATEGY	
Amount (\$) 500.00	Payee address; City: State: Zip Code 1540 KELLER PKWY #108-402, KELLER, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING
	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1: 6	2 FILER NAME GREG JUBENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2023	5 Payee name STIRPE	
6 Amount (\$) 218.50	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH, SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PROCESSING FEE
	(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	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

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