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: Mrs
FIRST: Janice
MI: R
NICKNAME:
LAST: Carrell
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE ZIP CODE: 2707 Skyline Drive, Fort Worth, TX 76114

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817)
PHONE NUMBER:
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr
FIRST: Shawn
MI: R
NICKNAME:
LAST: Carrell
SUFFIX: Jr

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE: 2707 Skyline Drive, Fort Worth, TX 76114

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 253-4730
EXTENSION:

OFFICE USE ONLY

Date Received: 4-3-25 A. Branch. 11:45 a.m.

Date Hand-delivered or Date Postmarked:

Receipt #:

Amount $:

Date Processed:

Date Imaged:

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: 2 / 20 / 25 THROUGH 4 / 3 / 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): School Board Place 7

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Janice Carrell	

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 520.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 728.04
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

Janice Carrell
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ANGELA BRANCH
My Notary ID # 128025689
Expires September 3, 2025

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Janice Carrell this the 3 day of April, 2025, to certify which, witness my hand and seal of office

Angela Branch — Angela Branch — Election Officer

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (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	$ 520.00
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	$ 703.04
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	$ 225.00
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 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	7 Amount of contribution ($)
02/20/2025	Rita Granado 6 Contributor address, City, State, Zip Code 3705 Clinton, Fort Worth, TX 76106	200.00

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

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
02/28/2025	Don Istook Contributor address, City, State, Zip Code 1700 Inspiration Lane, River Oaks, TX 76114	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
03/12/2025	Joseph Rangel Contributor address, City, State, Zip Code 14132 Cassiopeia Drive, Haslet, TX 76052	120.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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

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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Janice Carrell	

4 Date	5 Payee name
02/21/2025	Signs on the cheap

6 Amount ($)	7 Payee address, City, State, Zip Code
171.12	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expenses	Yard Signs
	(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	Payee name
03/03/2025	Signs on the cheap

Amount ($)	Payee address, City, State, Zip Code
171.12	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expenses	Yard Signs
	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	Payee name
03/13/2025	Banners on the cheap

Amount ($)	Payee address, City, State, Zip Code
360.80	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expenses	Yard Banners
	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

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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Janice Carrell	

4 Date	5 Payee name
02/28/2025	Janice Carrell

6 Amount ($)	7 Payee address, City, State, Zip Code
200 00 Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Donation made by candidate	
	(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	Payee name
03/27/2025	Celine's Designs

Amount ($)	Payee address, City, State, Zip Code
25 00 Reimbursement from political contributions intended	5441 Thomas Lane, River Oaks, TX 76114

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expenses	Tags
	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	*Payee name*

Amount ($)	Payee address, City, State, Zip Code
Reimbursement from political contributions intended	

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED