CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) | FIRST: Jason | MI:

NICKNAME: | LAST: Thomas | SUFFIX:

Date Received:

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [X] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- Other (specify):

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount $:

Date Processed:

Date Imaged:

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
04	24	2025	THROUGH	06	30	2025

6 EXPLANATION OF CORRECTION

-THIS IS A CORRECTION OF A REPORT PREVIOUSLY FILED.
-MOVED KROGER REFUND TO THE CORRECT FORM (SCHEDULE K) AFTER LEARNING OF FORM ON 7/27/2025
-ADDED PAC IN-KIND DONATIONS. RECEIVED PAC LETTER ON 7/15/2025, AFTER I FILED ON 7/14/2025. EQUATED TO A $590.11 POLITICAL CONTRIBUTION INCREASE.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [X] Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- [ ] Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jason L Thomas
Signature of Candidate/Officeholder

ALICIA DAY HEIMBIGNER
Notary Public, State of Texas
Comm. Expires 01-14-2029
Notary ID 132870286

NOTARY STAMP / SEAL

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Jason Thomas this the 28 day of July, 20 25, to certify which, witness my hand and seal of office.

Alicia Heimbigner — Alicia Heimbigner — Coordinator School Board Services

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

2 Total pages filed: 10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) | FIRST: Jason | MI

NICKNAME | LAST: Thomas | SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

P.O. BOX 61

MANSFIELD, TX 76063

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Jill | MI

NICKNAME | LAST: McGrew | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

6413 Friar Court
Forest Hill, TX 76119

7 CAMPAIGN TREASURER PHONE

AREA CODE: 817 | PHONE NUMBER: 949-7481 | EXTENSION

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☒ July 15 CORRECTED
- ☐ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 04/24/2025 THROUGH Month Day Year: 06/30/2025

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any): Mansfield ISD School Board Trustee, Place 3 Tarrant

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Thomas, Jason	**14** Filer ID

15 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
MISD Future PAC

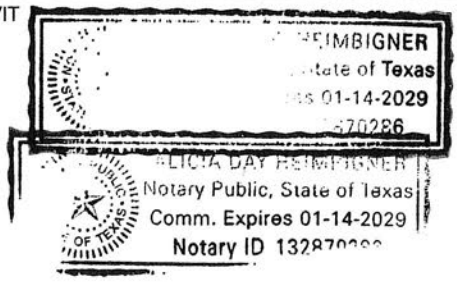
COMMITTEE ADDRESS
3540 E. Broad St.
Suite 120-103
Mansfield, TX 76063

COMMITTEE CAMPAIGN TREASURER NAME
Fiagome, Corinne

COMMITTEE CAMPAIGN TREASURER ADDRESS
3540 E. Broad St.
Suite 120-103
Mansfield, TX 76063

16 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)	$ 694.59
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,884.77
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 375.43
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFIDAVIT



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.

Jason L Thomas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Thomas, this the 28 day of July, 20 25, to certify which, witness my hand and seal of office.

Alicia Heimbigner	Alicia Heimbigner	Coordinator School Board Services
Signature of officer administering	Printed name of officer administering	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID
Thomas, Jason	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 104.48
2.	[X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 590.11
3.	[ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ] SCHEDULE E: LOANS	$
5.	[X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 1,884.77
6.	[ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	[ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10.	[ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	[X] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 64.98

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/10

2 FILER NAME
Thomas, Jason

3 Filer ID

4 Date
05/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Levern, Staples

6 Contributor address; City; State; Zip Code
[redacted]
Inglewood, CA 90301

7 Amount of Contribution ($)
$104.48

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/10

2 FILER NAME
Thomas, Jason

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **$**

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **7** Contributor address; City; State; Zip Code	**8** Amount of contribution ($)	**9** In-kind contribution description
05/06/2025	MISD FUTURE PAC 3540 E. BROAD ST. SUITE 120-103 MANSFIELD, TX 76063	$328.44	Purchase of text message advertising services supporting your campaign ☐ 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	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description
04/28/2025	MISD FUTURE PAC 3540 E. BROAD ST. SUITE 120-103 MANSFIELD, TX 76063	$261.67	Purchase of text message advertising services supporting your campaign ☐ 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)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Sch: 1/3 Rpt: 6/10	Thomas, Jason	

4 Date	5 Payee name
04/25/2025	ACADEMY SPORTS #294

6 Amount ($)	7 Payee address; City; State; Zip Code
$47.61	1711 E Broad St Mansfield, TX 76063

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN EQUIPMENT FOR POLL GREETING

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

Date	Payee name
05/19/2025	AMM POLITICAL STRATEGIES

Amount ($)	Payee address; City; State; Zip Code
$487.83	507 N Sylvania Ave Fort Worth, TX 76111

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TEXTING SERVICE

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

Date	Payee name
05/09/2025	ANEDOT FEE

Amount ($)	Payee address; City; State; Zip Code
$4.48	1201 W Peachtree St NW Ste 2625 PMB 43460 Atlanta, GA 30309-3499

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANEDOT FEES

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Sch: 2/3 Rpt: 7/10	Thomas, Jason	

4 Date	5 Payee name
05/02/2025	JUMBO PROPERTY MANAGEMENT

6 Amount ($)	7 Payee address; City; State; Zip Code
$350.00	9700 Apex Fort Worth, TX 76108

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LARGE SIGN INSTALL/REMOVAL

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

Date	Payee name
05/16/2025	KROGER PHARMACY #0594

Amount ($)	Payee address; City; State; Zip Code
$64.98	3300 E Broad St Mansfield, TX 76063

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	SWIPE ERROR	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCIDENTAL CHARGE CREDIT BACK ON ACCOUNT TO FOLLOW

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

Date	Payee name
05/21/2025	NOW MAGAZINES LLC

Amount ($)	Payee address; City; State; Zip Code
$605.00	327 N Grand Ave Waxahachie, TX 75165

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MARKETING

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Sch: 3/3 Rpt: 8/10	Thomas, Jason	

4 Date	5 Payee name
05/19/2025	SIGNUP GENIUS

6 Amount ($)	7 Payee address; City; State; Zip Code
$11.99	1213 W Morehead St Ste 500 Charlotte, NC 28277

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MARKETING

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

Date	Payee name
05/18/2025	THE VAULT

Amount ($)	Payee address; City; State; Zip Code
$312.88	2300 Matlock Rd #4 Mansfield, TX 76063

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT

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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: Sch: 1/1 Rpt: 9/10

2 FILER NAME
Thomas, Jason

3 Filer ID

4 Date
05/14/2025

5 Name of person from whom amount is received
Kroger Pharmacy #0594

6 Address of person from whom amount is received; City; State; Zip Code
3300 E. Broad St

Mansfield, TX 76063

8 Amount ($)
$64.98

7 Purpose for which amount is received
Refund of accidental swipe of campaign debit car

☐ Check if political contribution returned to filer

TEXT ANNOTATION

Sch: 1/1 Rpt: 10/10

FILER NAME	Filer ID
Thomas, Jason	

Schedule

Cover Sheet

Information entered by filer as a memo:

-THIS IS A CORRECTION OF A REPORT PREVIOUSLY FILED.

-MOVED KROGER REFUND TO THE CORRECT FORM (SCHEDULE K)

-ADDED PAC IN-KIND DONATIONS. RECEIVED LETTER ON 7/15/2025, AFTER I FILED ON 7/14/2025. EQUATED TO A $590.11 POLITICAL CONTRIBUTION INCREASE