

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Kristopher MI R NICKNAME Kris LAST Drees SUFFIX		OFFICE USE ONLY Date Received RECEIVED APR 29 2022 BISD Superintendent's Office Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jack NICKNAME LAST SUFFIX McCarty		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8800 Humfield Rd NRH, TX 76182		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 489-3165		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 29 / 2022 THROUGH 04 / 27 / 2022		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 5 / 7 / 2022 ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) Bindville ISD Board of Trustees Place 7	13 OFFICE SOUGHT (if known) Bindville ISD Board of Trustees Place 7	
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.		
☐ Additional Pages	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

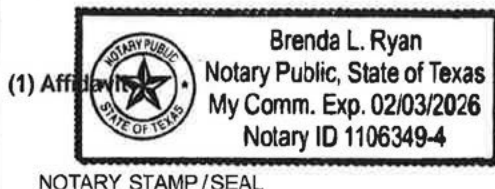
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Kris Drees</u>		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)	\$ <u>1025.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1025.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2479.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2170.00</u>

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.

Kris Drees
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Kristopher Drees this the 29 day of April, 2022, to certify which, witness my hand and seal of office.

Brenda L Ryan Brenda L Ryan Notary
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

Kris Drees

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1025.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10.30
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2742.83
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: 3
2 FILER NAME Kris Drees		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/22	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) William Parks	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 7805 Harvest Hill Rd NRH, TX 76182		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mike Countryman	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 8012 Arlie Ln NRH TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brenda Sanders Wise	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1111 [REDACTED] FortWorth, TX 76117		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) ~~5912 Diamond Oaks Ct~~ Lisa Ash	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5912 Diamond Oaks Ct, 14C, TX 76117		
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: 3
2 FILER NAME Kris Drees		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/22	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sharon Mylios 6 Contributor address; City; State; Zip Code 2924 Haltom Rd, Haltom City, TX 76117	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dewey Mankum Contributor address; City; State; Zip Code 8528 HighPoint Ct, NRH, TX 76182	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gene de Bullet Contributor address; City; State; Zip Code 9888 Boat Club Rd Fort Worth, TX 76179	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/22	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stephen Handy Contributor address; City; State; Zip Code 4004 Shady Valley Dr. Arlington TX 76013	Amount of contribution (\$) 200.00
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
2 FILER NAME Kris Drees		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/22	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Harrison	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4908 Dory Ct. NRH, TX 76180		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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)

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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
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: 1	2 FILER NAME Kris Drees	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/22	5 Payee name Anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave. Ste. 106 Baton Rouge LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Transaction fees for online giving platform	
(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		
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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Kris Drees	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ Ø			
5 Date 4/19/22	6 Payee name Digital Corporate Companies				
7 Amount (\$) 1,894.96	8 Payee address; City; State; Zip Code 801 Station Dr. Ste 109 Arlington TX 76015				
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mail out printing, design & postage			
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 4/22/22	Payee name Digital Corporate Companies				
Amount (\$) 847.87	Payee address; City; State; Zip Code 801 Station Dr. Ste 109 Arlington TX 76015				
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mail out design, printing & postage			
	☐ 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					
<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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