OFFICIAL RECORD **CANDIDATE / OFFICEHOLDER** FORM C/OH **CITY SECRETARY** CAMPAIGN FINANCE REPORT FT. WORTH, TXO ER SHEET PG 1 1 Filer ID (Emics con tal cages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Mr. Brandon NAME Date Received LAST NICKNAME SUFFIX SD:GWH EZ. SI MIL Jones 0.07% 050 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY STATE ZIP CODE **OFFICEHOLDER** MAILING 2725 Albatross Ln. **ADDRESS** Fort Worth, TX 76177 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** ⁽ 817 ⁾ PHONE 938-7189 Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN МІ **TREASURER** Brandon Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Jones STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #. CITY STATE CAMPAIGN ZIP CODE TREASURER 2725 Albatross Ln. **ADDRESS** Fort Worth, TX 76177 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 938-7189 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Day **COVERED** THROUGH 23 01 15 23 06 15 **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Month Day Year Description X General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fort Worth City Council District 10 IHIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME NA COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Brandon Jones		16 Filer ID (Ethics Commission Filers)		
	Dianuon vones			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0		
 	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
	4. TOTAL POLITICAL EXPENDITURES	\$ O		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 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.				
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	12 C	Gen.		
	Signature of Ca	andidate or Officeholder		
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•		*		
	Please complete either option below	v:		
	1 loade complete chiler option belov	••		
(1) Affidavit				
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
NOTARY STAMP/SEA	L			
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 administr	pring oath Drinted arms of officer and statements	Title of officer administering oath		
Cignatore of officer administr	ering oath Printed name of officer administering oath	Title of officer administering dath		
	OR			
(0) He ama == D == (; == 4)				
(2) Unsworn Declarati	UII			
D	lan Janaa	00 00 1000		
1 (VI) 1101110 13	on Jones, and my date of birth is			
2725	A 44 A	TX 76177 USA		
My address is		· · · · · · · · · · · · · · · · · · ·		
	(street) (city) (state) (zip code) (country)		
Executed in Denton	County, State of Texas on the 15 day of Jun	e ₂₀ 23		
	(mont)	· · · · · · · · · · · · · · · · · · ·		
Signature of Candidate/Officeholder (Declarant)				
	-	· · · · · · · · · · · · · · · · · · ·		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	R NAME 20 Filer ID (Ethics Commission File		nmission Filers)
	Brandon Jones		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
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		\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		s 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		s 0

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

· Complete only if "Report Type" on page 1 is marked "Final Report" ·

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

Brandon Jones

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on 64.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

· Complete A & B below only If you are not an officeholder. ·

A. CAMPAIGN FUNDS

Check only one:

X I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

XI do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder