

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

FILER ID (Ethics Commission Filers)

2 Total pages filed: **5**

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jason
Ellis

OFFICE USE ONLY

Date Received

CSO REC'D
APR 28 '23 PM 1:45

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

3408 Dalhart DR
Fort Worth, TX 76178

Date Hand-delivered or Date Postmarked

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 566-3403

Receipt #

Amount \$

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Kara
Thomas

Date Processed

Date Imaged

**7 CAMPAIGN
TREASURER
ADDRESS**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

3408 Dalhart DR
Fort Worth, TX 76178

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(682) 760-3012

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 / 2023 THROUGH 04 / 26 / 2023

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other Description

5 / 6 / 2023

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council D#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.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 550.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,182.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,330.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,070

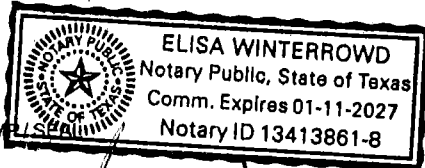
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Jason Ellis this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] _____ Elisa Winterrowd _____ Admin Assist
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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,182.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 1
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Solis	7 Amount of contribution (\$) \$ 300.00
6 Contributor address; City; State; Zip Code 3125 Partridge cr Grand Prairie, TX 75052		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Bagg	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 9604 Orinda DR Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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>		

LOANS

SCHEDULE E

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 E:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Jason Ellis</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,500
5 Date of loan <p style="font-size: 1.2em;">04/01/23</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Jason Ellis</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">2,500</p>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">3408 Daltorf DR Fort Worth, TX 76179</p>	10 Interest rate <p style="font-size: 1.2em;">N/A</p>
		11 Maturity date <p style="font-size: 1.2em;">N/A</p>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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: 3	2 FILER NAME Jason Ellis	3 Filer ID (Ethics Commission Filers)
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4 Date 03/30/23	5 Payee name Facebook
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6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 04/12/23	Payee name Metro Mailer
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Amount (\$) 3,769.98	Payee address; City; State; Zip Code 5719 E Rosedale Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 04/01/23	Payee name Starboard Strategy Group
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 501 Samuels Ave Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>3</i>	2 FILER NAME <i>Jason Ellis</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/27/23</i>	5 Payee name <i>Campaign Sidekick</i>	
6 Amount (\$) <i>\$ 275.00</i>	7 Payee address; <i>1550 Old Annetta Aledo, TX 76008</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>database</i>	(b) Description <i>database</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>03/28/23</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$ 175.00</i>	Payee address; <i>Menlo Park, CA 94025</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date <i>03/29/23</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$ 12.75</i>	Payee address; <i>Menlo Park, CA 94025</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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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 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: 3	2 FILER NAME Jason Ellis	3 Filer ID (Ethics Commission Filers)
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4 Date 04/25/23	5 Payee name Campaign Sidekick
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6 Amount (\$) 275.00	7 Payee address; 1550 old Annetta Aledo, TX 76008	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) database	(b) Description database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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