

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.

1 Filer ID (Ethics Commission Filers)
N/A

2 Total pages filed:
31

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Jason

NICKNAME

LAST

SUFFIX

Ballmann

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5204 Lovell Ave
Fort Worth, TX 76107

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

562.884.2360

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Isabelle

NICKNAME

LAST

SUFFIX

Young

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3704 Astoria Dr.

Arlington

TX 76013

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

817.213.6286

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

03

25

2025

THROUGH

Month

Day

Year

04

23

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Councilmember, District 3, Fort Worth, Tx

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

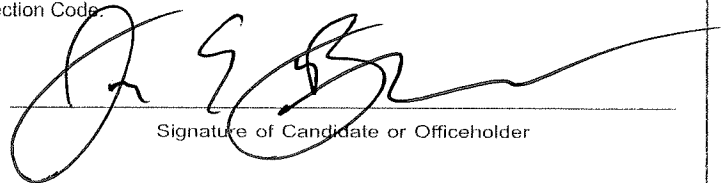
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

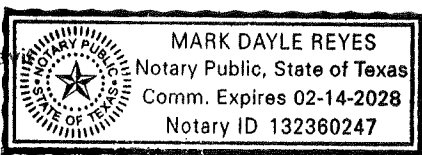
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jason Ballmann		16 Filer ID (Ethics Commission Filers) N/A
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,711.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$7,153.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$2,130.02
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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jason Ballmann this the 24 day of April, 2025, to certify which, witness my hand and seal of office.

 Mark Dayle Reyes Notary Public
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****Jason Ballmann****20 Filer ID (Ethics Commission Filers)****N/A****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$8,011.75
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$700.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$7,153.67
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 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 3/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlon Mote 6 Contributor address; City; State; Zip Code 6471 Greenway Road Fort Worth, TX 76116	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) TCC
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Campolo Contributor address; City; State; Zip Code 1809 Sagebrush Trail Euless, TX 76040	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Alcon
Date 3/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Kepner Contributor address; City; State; Zip Code 8500 Tangleridge Dr Fort Worth, TX 76123	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 3/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandria Williams Contributor address; City; State; Zip Code 6709 W Elizabeth Ln 118 Fort Worth, TX 76116	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Front desk		Employer (See Instructions) TCC
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**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 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Soria 6 Contributor address; City; State; Zip Code 3607 W Biddison St Fort Worth, TX 76109	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) THR
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavonne Cockrell Contributor address; City; State; Zip Code 6016 Westridge Ln 406 Fort Worth, TX 76116	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Wilmes Contributor address; City; State; Zip Code 903 Wentwood Dr Allen, TX 75002	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Weimer Contributor address; City; State; Zip Code 6412 Inca Rd Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Weimer Properties
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**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 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Craig 6 Contributor address; City; State; Zip Code 4505 Wilson Court Lake Worth, TX 76135	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Windstream
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Freeman Contributor address; City; State; Zip Code 937 Sherman Evanston, IL 60202	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) EHS		Employer (See Instructions) JudyLFreeman
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina Ball Contributor address; City; State; Zip Code 1326 Mistletoe Dr Fort Worth, TX 76110	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Douglas Roberts Contributor address; City; State; Zip Code 3821 Winslow Dr Fort Worth, TX 76109	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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**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: 4 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin McAdams 6 Contributor address; City; State; Zip Code 1035 Maltese Ln. San Antonio, TX 78260	7 Amount of contribution (\$) 175.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Temple Beth-el San Antonio
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Davis Contributor address; City; State; Zip Code 5204 Lovell Ave Fort Worth, TX 76107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Field Organizer		Employer (See Instructions) TDP
Date 3/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Haney Contributor address; City; State; Zip Code 6755 Ridgmar Blvd Apt 331 Fort Worth, TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Foster Contributor address; City; State; Zip Code 3908 Kenley St Fort Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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**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: 5 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Ballmann 6 Contributor address; City; State; Zip Code 2201 Creekview Dr 1336 Waco, TX 76711	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Dycus Contributor address; City; State; Zip Code 3607 Shady Park Dr 76103	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Barg Contributor address; City; State; Zip Code 3220 River Lodge S Trail Apt 927 Fort Worth, TX	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candice Morrow Contributor address; City; State; Zip Code 3868 Brandon Park Dr Garland, TX 75044	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) QEO Group
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

Revised 1/1/2025

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: 7 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Hanratty 6 Contributor address; City; State; Zip Code 4236 Oak Park Ct Fort Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Nettle Contributor address; City; State; Zip Code 4720 Boulder Run Fort Worth, TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Stephenson Contributor address; City; State; Zip Code PO Box 471518 Fort Worth, TX 76147	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Acclaim Multispecialty Group
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Campolo Contributor address; City; State; Zip Code 1809 Sagebrush Trail Euless, TX 76040	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Alcon
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**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: 8 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Rojas 6 Contributor address; City; State; Zip Code 429 College Ave 124 Fort Worth, TX 76104	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Fort Worth City
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam Dalton Contributor address; City; State; Zip Code 4315 Overhill Dallas, TX 75205	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claudia Camp Contributor address; City; State; Zip Code 2212 Mistletoe Boulevard Fort Worth, TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Keith Contributor address; City; State; Zip Code 5801 Singletree Ct Fort Worth, TX 76132	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Keith Law Firm PC
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**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: 9 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tony Pham 6 Contributor address; City; State; Zip Code 2707 Columbus Grand Prairie, TX 75054	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pierre Nguyen Contributor address; City; State; Zip Code 11804 Oakwood Drive Austin, TX 78753	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Disaster Program Manager		Employer (See Instructions) American Red Cross
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonnie Madeley Contributor address; City; State; Zip Code 100 Steele Street Apt #613 Denver, CO 80206	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heriberto Morales Contributor address; City; State; Zip Code 352 Hillcrest Blvd Eagle Pass, TX 78852	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Langley Banack LLC
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**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: 10 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Fitzgerald 6 Contributor address; City; State; Zip Code 4213 Shady Creek Dr Fort Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Miller Contributor address; City; State; Zip Code 5901 Maple Valley Dr Azle, TX 76020	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Dills Contributor address; City; State; Zip Code 901 Grange Hall Dr Apt 1301 Euless, TX 76039	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AZ Zayan Contributor address; City; State; Zip Code 15221 Berry Trail Apt. 1109 75248	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Sycamore Political Strategies
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**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: 11 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Metcalf 6 Contributor address; City; State; Zip Code 5012 Cockrell Ave Fort Worth, TX 76133	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Texas Christian University
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dale Bronstein Contributor address; City; State; Zip Code 7700 Meadowbrook Drive Fort Worth, TX 76112	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Smith Contributor address; City; State; Zip Code 6508 Genoa Rd. Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Tommy' s Hamburgers
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Johnson Contributor address; City; State; Zip Code 6424 Inca Rd Fort Worth, TX 76116	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

1 Total pages Schedule A1:
12 of 17

3 Filer ID (Ethics Commission Filers)
N/A

Revised 1/1/2025

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: 13 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley Ballenger	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 10804 Whitestone Ranch Rd Benbrook, TX 76116		
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Fort Worth Community Collaborative
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Summers	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1804 Ems Road East Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brody Mulligan	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Franklin	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4932 Roanoke St Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fort Worth ISD
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9	Employer (See Instructions)
---	-----------------------------

Full name of contributor

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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: 15 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Griggs 6 Contributor address; City; State; Zip Code 13214 Glad Acres Dr. Dallas, TX 75234	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Office of Wendel Withrow
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Carrisalez Contributor address; City; State; Zip Code 4629 Bonnell Ave Fort Worth, TX 76107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese Herring Contributor address; City; State; Zip Code 6367 Newport Court Fort Worth, TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) COTA		Employer (See Instructions) Encompass
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonah Murray Contributor address; City; State; Zip Code 3941 Kirby Dr Apt 833 Fort Worth, TX 76155	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Public Affairs Specialist		Employer (See Instructions) JBJ Management
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

N/A

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)	150.00
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6 Contributor address: City: State: Zip Code

5241 Blue Valley Ct Fort Worth, TX 76112

8	Principal occupation / Job title (See Instructions)
---	---

9	Employer (See Instructions)
---	-----------------------------

Tarrant County

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)	100.00
-----------------------------	--------

Robert McGinty

Contributor address; City; State; Zip Code

4101 W Green Oak Blvd #305-553 Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Nonprofit

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)	250.00
-----------------------------	--------

Tarrant County Young Demc

Contributor address: City: State: Zip Code

1523 Creek Bank Ln Arlington, TX 76014

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Tarrant County Young Democrats

Full name of contributor

☐ out-of-state PAC (ID#):

	Amount of contribution (\$)
5.00	

Christy Rippin

Contributor address; City; State; Zip Code

5728 Turner May Dr. Fort Worth, TX 76126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 17 of 17
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Foster	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3908 Kenley St Fort Worth, TX 76107		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Davis	Amount of contribution (\$) 1.00
Contributor address; City; State; Zip Code 4541 Nautilus Cr #306 Fort Worth, TX 76106		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) CES
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

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 Expenses
Transportation Equipment & Related Expenses
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 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 03/26/2025		5 Payee name Fedex Office			
6 Amount (\$) 2.86		7 Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth, TX 76111			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description Letter to community member		
	<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 03/27/2025		Payee name Squarespace			
Amount (\$) 38.38		Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Website hosting		
	<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					
Date 03/28/2025		Payee name Isabelle Young			
Amount (\$) 500.00		Payee address; City; State; Zip Code 3704 Astoria Dr Arlington, TX 76013			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense		Description Contract payment to Isabelle Young		
	<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					
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
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
Posting 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 of 10	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filer) N/A
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4 Date 03/28/2025	5 Payee name Squarespace
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6 Amount (\$) 51.17	7 Payee address; 225 Varick St New York, NY 10014	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Email service
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(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 03/31/2025	Payee name Fort Liquor
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Amount (\$) 100.62	Payee address; 1001 W Magnolia Ave Fort Worth, TX 76104	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / beverage expense	Description Private event
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<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 03/31/2025	Payee name FedEx
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Amount (\$) .77	Payee address; 6020 Camp Bowie Blvd Fort Worth, TX 76116	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Letter to community organizer
------------------------------	--	--

<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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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Wards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expenses Transportation Equipment & Related Expenses Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 10	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filer) N/A
4 Date 04/01/2025	5 Payee name Google Voice	
6 Amount (\$) 25.94	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead expense	(b) Description Phone service
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <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 04/03/2025	Payee name The UPS Store	
Amount (\$) 29.53	Payee address; City; State; Zip Code 2300 W 7th St Ste 108 Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Printing of finance report
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <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
Date 04/07/2025	Payee name Ascension Coffee	
Amount (\$) 61.87	Payee address; City; State; Zip Code 1751 River Run Suite #151 Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage expense	Description Meeting with community organizer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <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

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
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expenses
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expenses
Printing Expenses
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expenses
Transportation Equipment & Related Expenses
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: 4 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 04/08/2025		5 Payee name The UPS Store			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code 2830 S Hulen St Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal services		(b) Description Notary public		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/10/2025		Payee name Printed Union			
Amount (\$) 2,377.73		Payee address; City; State; Zip Code 8800 Chancellor Row Irving, TX 75247			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Signage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/11/2025		Payee name Fort Worth Weekly			
Amount (\$) 1,200.00		Payee address; City; State; Zip Code 3311 Hamilton Ave Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Advertorial		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses				
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 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 Expenses
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Commissions Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officerholder/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: 5 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Fees): N/A	
4 Date 04/11/2025		5 Payee name The UPS Store			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code 2830 S Hulen St Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services		(b) Description Notary Public		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/11/2025		Payee name Jake Davis			
Amount (\$) 500.00		Payee address; City; State; Zip Code 5204 Lovell Ave Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense		Description Contract payment to Jake Davis		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.				
Complete ONLY if direct expenditure to benefit C/OH					
Date 04/14/2025		Payee name Sushi Kitchen			
Amount (\$) 95.12		Payee address; City; State; Zip Code 5301 Airport Blvd #100 Austin, TX 78751			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of district		Description Meeting with potential donor		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.				
Complete ONLY if direct expenditure to benefit C/OH					

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 Accounting/Banking Consulting Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expenses Fees Food/Beverage Expenses Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expenses Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expenses Transportation Equipment & Related Expenses Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 04/14/2025		5 Payee name Summer Moon			
6 Amount (\$) 20.03		7 Payee address; City; State; Zip Code 11005 Burnet Rd Ste 112 Austin, TX 78758			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Meeting with potential donor		
	(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					
Date 04/14/2025		Payee name Isabelle Young			
Amount (\$) 263.20		Payee address; City; State; Zip Code 3704 Astoria Dr Arlington, TX 76013			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Mileage reimbursement		
	<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					
Date 04/15/2025		Payee name Tommy's Grill			
Amount (\$) 26.22		Payee address; City; State; Zip Code 2455 Forest Park Dr 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense		Description Attend community club meeting		
	<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					
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 Expenses
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expenses	Food/Beverage Expense	Polling Expenses	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expenses	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: 7 of 10	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filer) N/A
4 Date 04/15/2025	5 Payee name Staples	
6 Amount (\$) 58.63	7 Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	
	(b) Description Event flyer	
<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 04/15/2025	Payee name Roy Pope Grocery	
Amount (\$) 6.47	Payee address; City; State; Zip Code 2300 Merrick St Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	
	Description Refreshments for blockwalkers	
<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
Date 04/16/2025	Payee name Staples	
Amount (\$) 32.46	Payee address; City; State; Zip Code 1660 S. University Dr. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	
	Description Copies of Letterhead	
<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

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
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expenses
Fees
Food/Beverage Expenses
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expenses
Transportation Equipment & Related Expenses
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: 8 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 04/17/2025		5 Payee name Tarrant County Young Democrats			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 1523 Creek Bank Ln Arlington, TX 76014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Attend community club meeting		
	(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 04/19/2025		Payee name Parking Management TN			
Amount (\$) 11.83		Payee address; City; State; Zip Code 501 W 7th St Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense		Description Parking fee		
	<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					
Date 04/19/2025		Payee name Squarespace			
Amount (\$) 36.37		Payee address; City; State; Zip Code 225 Varick St New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Google Workspace		
	<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					
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 Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expenses
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expenses	Polling Expenses	Travel In District
Contributions/Donations Made By	Gift/Award/Memorials Expense	Printing Expenses	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: 9 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 04/19/2025		5 Payee name Squarespace			
6 Amount (\$) 36.37		7 Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Google Workspace		
	(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			
Date 04/21/2025		Payee name Lowe's			
Amount (\$) 43.71		Payee address; City; State; Zip Code 4305 Bryant Irvin Rd Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description T-Post driver for signage		
	<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			
Date 04/22/2015		Payee name Staples			
Amount (\$) 60.76		Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description Event flyer		
	<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			
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
Accounting/Banking
Consulting Expense
Contributions/Concessions 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

Subsistence/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: 10 of 10		2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filer) N/A	
4 Date 04/03/2025		5 Payee name Isabelle Young			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 3704 Astoria Dr Arlington, TX 76013			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense		(b) Description Contract payment to Isabelle Young		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 500.00		Payee name Isabelle Young			
Amount (\$) 04/11/2025		Payee address; City; State; Zip Code 3704 Astoria Dr Arlington, TX 76013			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense		Description Contract payment to Isabelle Young		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses				
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			
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 expenses				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

