

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:
13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Jason		Date Received CSO REC'D JUL 15 '25 AM 11:55	
		Ballmann			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
5204 Lovell Ave Fort Worth, TX 76107					
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
() 562.884.2360					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$	
		Isabelle		Date Processed	
		Young		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
3704 Astoria Dr. Arlington TX 76013					
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
() 817.213.6286					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year Month Day Year				
04 / 24 / 2025 THROUGH 06 / 30 / 2025					
11 ELECTION	ELECTION DATE		ELECTION TYPE		
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description			
05 / 03 / 2025		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
		City Councilmember, District 3, Fort Worth, Texas			
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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> 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 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,319.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

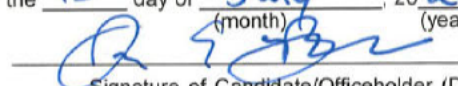
NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jason Ballmann and my date of birth is [REDACTED]
My address is 5204 Louck Ave, Fort Worth, TX, 76107, USA
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 15 day of July, 2025
(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	\$ 995.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4,319.32
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	\$

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

Jason Ballmann

2 Filer ID (Ethics Commission Filers)

n/a

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 file.


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:

☒

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 filing 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:

☒

I 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

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 5
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Fernandez	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 2608 Winding Road Fort Worth, TX 76133		
8 Principal occupation / Job title (See Instructions) Medical Field		9 Employer (See Instructions) OSSUR
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandria Williams	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 6709 W Elizabeth Ln 118 Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Front Desk		Employer (See Instructions) TCC
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ward Jr.	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2200 Louis Tr Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tarrant County
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Walker	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1103 Bernard St 413 Denton, TX 76201		
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:
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) 2 of 5
4 Date 04/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Hudson	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 2425 Mistletoe Blvd. Fort Worth, TX 76110		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) FWISD
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert N. Strobel	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 2626 Throckmorton St Apt 1537 Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Dalton	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 4315 Overhill St Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Prilliman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3724 Hamilton Ave Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self 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: 3 of 5
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roxanna Jones 6 Contributor address; City; State; Zip Code 5329 Locke Ave Fort Worth, TX 76107	7 Amount of contribution (\$) 35.00
8 Principal occupation / Job title (See Instructions) Tech		9 Employer (See Instructions) CVS
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Schochler Contributor address; City; State; Zip Code 3924 Sanguinet St. Fort Worth, TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Software architect		Employer (See Instructions) Siemens
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Chance Contributor address; City; State; Zip Code 8600 Running River Ct Fort Worth, TX 76131	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita Quinones Contributor address; City; State; Zip Code 4232 Selkirk Dr. W Fort Worth, TX 76109	Amount of contribution (\$) 25.00
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 5**2** FILER NAME

Jason Ballmann

3 Filer ID (Ethics Commission Filers)
N/A**4** Date
04/27/2025**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Scott Foster**7** Amount of contribution (\$)
500.00**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 EmployedDate
04/28/2025Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mia BoatnerAmount of contribution (\$)
50.00Contributor address; City; State; Zip Code
900 Matisse Dr. Apt 2075 Fort Worth, TX 76107Principal occupation / Job title (See Instructions)
District DirectorEmployer (See Instructions)
City of Fort WorthDate
04/28/2025Full name of contributor ☐ out-of-state PAC (ID#: _____)
Darlene AksoyAmount of contribution (\$)
10.00Contributor address; City; State; Zip Code
116 Woodcrest Lane Coppell, TX 76109Principal occupation / Job title (See Instructions)
Not EmployedEmployer (See Instructions)
Not EmployedDate
04/28/2025Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ruth WoodwardAmount of contribution (\$)
25.00Contributor address; City; State; Zip Code
5807 Belmont Ave Dallas, TX 75206Principal occupation / Job title (See Instructions)
Not EmployedEmployer (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 5
2 FILER NAME Jason Ballmann		3 Filer ID (Ethics Commission Filers) N/A
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoe VanSandt 6 Contributor address; City; State; Zip Code 6358 Greenway Rd. Fort Worth, TX 76116	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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: 4	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/24/2025	5 Payee name Twin Kell Cleaners	
6 Amount (\$) 35.68	7 Payee address; City; State; Zip Code 4011 Camp Bowie Blvd Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Textile cleaning
	(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 04/24/2025	Payee name Central Market	
Amount (\$) 62.76	Payee address; City; State; Zip Code 4651 West Fwy, 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 04/25/2025	Payee name The UPS Store	
Amount (\$) 20.62	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 8 Day Finance Report / Notary
	<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
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: 4	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/28/2025	5 Payee name Jackie O's	
6 Amount (\$) 121.99	7 Payee address; City; State; Zip Code 609 S Jennings St, Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Refreshments for event
	(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 04/28/2025	Payee name Squarespace	
Amount (\$) 115.12	Payee address; City; State; Zip Code 225 Varick St 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Web, email and phone 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
Date 05/05/2025	Payee name Amplify	
Amount (\$) 519.10	Payee address; City; State; Zip Code 55 Washington St #800 Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Text blast
	<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
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: 4	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filers) N/A
4 Date 05/12/2025	5 Payee name Granger Hospitality	
6 Amount (\$) 211.67	7 Payee address; City; State; Zip Code 113 Roberts Cut Off Rd, Fort Worth, TX 76114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description After action 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 05/12/2025	Payee name Jason Ballmann	
Amount (\$) 216.49	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) Office overhead/rental expense	Description Reimbursement for security system
	<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 05/13/2025	Payee name Tommy's Grill & Patio	
Amount (\$) 15.89	Payee address; City; State; Zip Code 2455 Forest Park Blvd Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Local 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 <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
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: 4	2 FILER NAME Jason Ballmann	3 Filer ID (Ethics Commission Filers) N/A
4 Date 04/25/2025	5 Payee name Isabelle Young	
6 Amount (\$) 750.00	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 expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/25/2025	Payee name Jacob Davis	
Amount (\$) 1,500.00	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 Jacob Davis
	<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 05/23/2025	Payee name Printed Union	
Amount (\$) 750.00	Payee address; City; State; Zip Code 8800 Chancellor Row Dallas, TX 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flyers
	<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		