4		FICEHOLDER NCE REPORT	OFFICIAL RECORD CITY SECRETARY	FORM C/OF COVER SHEET PG 1
		ow to complete this form.	1 Fr. WORTH TX on Fiers)	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	Jacob	MI L	OFFICE USE ONLY
NOW	Jake	Wurman	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		look Avenue	CITY; STATE ZIP CODE	RECEIVED APR 2 3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	48EA CODE (972)	PHONE NUMBER 890-2591	EXTENSION	CITY OF FORT WORTH Dete Hand-de CITY SECRETARY Dete Hand-de CITY SECRETARY
6 CAMPAIGN TREASURER	MS/MRS/MR Mr	FIRST Mark	MI	Receipt # Amjourn 5
NAME	NICKNAME	Wallach	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence of Business)	12713 Crea Fort Worth	s (NO PO BOX PLEASE) APT / SUI amello Avenue TX 76244	RTE # CHTY.	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 291-3171	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elect	tion Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 03	23 / 21	Reporting Limit Month O4	Day Year 21
H ELECTION .	Month Day 05 01	S	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	n/a	7	Fort Worth City Cou	uncil District 7
4 NOTICE FROM POLITICAL COMMITTEE(S)			CCEPTED OR POLITICAL EXPENDITURES MAD	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OF BY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASL		
	and the second	GO TO PA	AGE 2	,

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Programme and the second secon				Champion and the control of the cont
15 C/OH NAME			16 Firer IO (Eth-c	s Commission Filers)
17 CONTRIBUTION TOTALS	1 FOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		s	175
•	2. TOTAL POLITICAL CONTRIB	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	1550
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPEND	TURES	S	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	BT DAY S	1200
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSYANDING LOANS AS OF PERIOD	F THE S	10,000
		Signature of Car	novate or Officeho	older
	Please compl	ete either option below	r:	
(1) Affidavit NOTARY STAMP/SEAL	STEVEN WILLIAM FAUNTLEROY Notary ID #128155658 My Corrintssion Expires February 25, 2022			
	efore me by JAROB WURM	this the	23/N) day of /	APRIL
20_2/ to certify w A town William Signature of officer administeri	nich, witness my hand and seal of office Town William STEVEN Printed name of office		7	TARY cer administering cath
100 C - 200 C - 200 C)R		
2) Unsworn Declaration	1			
Ny name is	No.	and my date of birth is		
			The state of the s	The second secon
	(street)	(city) (sta	ate) (zip code)	(country)
xecuted in	County. State of	, on the day of(month)	. 20 (year)	The section of the se
		Signature of Candidat	te/Officeholder (Dei	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics 0	Commission	(Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
-1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1000	
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	·	375	
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$	0	
4	SCHEDULE E: LOANS	S	0	
5	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S	0	
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$	0	
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S	0	
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$	0	
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s	0	
10	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0	
***	SCHEDULET NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
12	SCHEDULE K INTEREST, CREDITS, GAINS REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S	0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
Jacob Wu		3 Filer ID (Ethics Commission Filers)
4 Date March 23	5 Full name of contributor aut-of-state PAC ngs William Wilson	7 Amount of contribution (\$)
2021	6 Contributor address City. State: Zip Code 12501 Morab Street Fort Worth TX 76244	100
Principal occ	upation / Job title (See Instructions) 9 Employer (See t	nstructions)
Date March 23	Full name of contributor cultoff-state PAC SIDE Stephen Sprowls	Andrew Campaten (a)
2021	Contributor address: City. State: Zip Code 12801 Saratoga Springs Fort Worth TX 76244	100
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date March 23	Full name of contributor out of state PAC (H)#	Amount of contribution (\$)
2021	Contributor address: City; State: Zip Code 12701 Travers Trail Fort Worth TX 76244	200
Рипсирай осси	pation / Job title (See Instructions) Employer (See In	istructions)
Date March 25 2021	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address: City: State. Zip Code 12713 Creamelloi Avenue Fort Worth TX 76244	100
	Dation / Job title (See Instructions) Employer (See In) }

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	he Instruction Guide explains ho	1 Total pages Schedule A1		
2 FILER NAM Jacob Wu		* - 1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	V.,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out of state 640,00#		7 Amount of contribution (\$)	
04/11/21	6 Contributor address: 12749 Creamello Aver	City:	,	200
8 Principal oc	cupation / Job title (See Instructions		9 Employer (See Instruc	(trons)
Date 04/12/21	Full name of contributor out of state PAC 4D#		Amount of contribution (\$)	
	Contributor address. 12840 Travers Trail Fo	•	State. Zip Code 76244	10
Pencipal occ	upation / Job title (See Instructions)		Employer (See Instruct	tions)
Oate 04/16/21	Full name of contributor contr		Amount of contribution (\$)	
,	Contributor address: 12756 Lizzie Place For	City.	State: Zip Code	200
Principal occi	upation / Job title (See Instructions)	The first section of the section of	Emplayer (See Instruct	ians)
Date	Full name of contributor	Full name of contributor cut-of-state PAC (IDS)		Amount of contribution (\$)
	Contributor address:	City,	State Zip Code	
	3		Employer (See Instructi	3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.