

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)

2 Total pages filed:

22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

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

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

03 / 23 / 2021

THROUGH

04 / 21 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 2021

Primary

Runoff

Other
Description

✓ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT WORTH CITY COUNCIL DISTRICT 9

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 <u>JARED T. SLOANE</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,107.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>109.76</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>26,647.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,039.78</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 JARED SLOANE, and my date of birth is 5/30/84.

My address is 4232 GEDDES RD, FORT WORTH, TX, 76102, USA.
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 22 day of APRIL, 20 21.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JARED T. SCOANE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,725. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 382. ⁰⁰
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,750.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,396.55
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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
2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Full name of contributor out-of-state PAC (ID#: ANDREW SCOTT	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2397 40TH ST N SARTELL MN 56377		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) SELF
Date 3/23/21	Full name of contributor out-of-state PAC (ID#: ALLEN SCHUSTER	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3517 LOCKE AVE FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) PROPERTY MANAGEMENT		Employer (See Instructions) SOUTH LAKE PROP. MGT.
Date 3/23/21	Full name of contributor out-of-state PAC (ID#: JAMES PETTY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5016 MORRIS AVE FORT WORTH TX 76103		
Principal occupation / Job title (See Instructions) COMMERCIAL LENDER		Employer (See Instructions) ANBTX
Date 3/23/21	Full name of contributor out-of-state PAC (ID#: ROB WELBORNE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 7112 ELLIS ROAD FORT WORTH TX 76112		
Principal occupation / Job title (See Instructions) DEPT. MANAGER		Employer (See Instructions) JPS
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Full name of contributor out-of-state PAC (ID#: _____) CHRIS BATVISON	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2020 PROUNE ST FORT WORTH TX 76103		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) FUEL + SPARK MEDIA
Date 3/23/21	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL DIKE	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2817 W. 5TH ST STE B FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) VILLAGE HOMES
Date 3/24/21	Full name of contributor out-of-state PAC (ID#: _____) STEVE MONTGOMERY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 80 THROCKMORTON ST. 1704, FTW, TX 76102		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) MONTGOMERY CR
Date 3/24/21	Full name of contributor out-of-state PAC (ID#: _____) BONNIE RUDD	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1217 7TH AVE FTW TX 76104		
Principal occupation / Job title (See Instructions) INSIDE SALES EXECUTIVE		Employer (See Instructions) BENEFITMALL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor out-of-state PAC (ID#: _____) ANNA BOULWARE	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3005 ALTON RD #111 FTW TX 76109		
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) M-PAC, INC
Date 3/25/21	Full name of contributor out-of-state PAC (ID#: _____) LONDON STALLINGS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4117 WARMOCK CT FTW TX 76109		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 3/25/21	Full name of contributor out-of-state PAC (ID#: _____) CARTER SHACKLEFORD	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4863 DIAMOND TRACE TRAIL, FTW 76244		
Principal occupation / Job title (See Instructions) BUSINESS DEVELOPMENT		Employer (See Instructions) UPS
Date 3/26/21	Full name of contributor out-of-state PAC (ID#: _____) DAVE CROOKS	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5720 WEST SR 340 BRAZIL IN 47834		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DLC MEDIA, INC

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor out-of-state PAC (ID#: _____) EMILY ALEXANDER <hr/> 6 Contributor address; City; State; Zip Code 4015 CURSON AVE FTW TX 76102	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) SECONDARY TEACHER		9 Employer (See Instructions) FWISD
Date 3/29/21	Full name of contributor out-of-state PAC (ID#: _____) JEFF DAVIS <hr/> Contributor address; City; State; Zip Code 2325 MISTLETOE DR, FTW, TX 76110	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) REPUBLIC TITLE
Date 3/31/21	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL HERMAN <hr/> Contributor address; City; State; Zip Code 3720 COUNTRY CLUB CIRCLE FTW TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA/MANAGEMENT		Employer (See Instructions) WHITLEY PENN
Date 3/31/21	Full name of contributor out-of-state PAC (ID#: _____) TRAVIS KENNEDY <hr/> Contributor address; City; State; Zip Code 5600 OAKS LANE WESTWORTH VILLAGE TX 76114	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) HARRY STATE BANK
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor out-of-state PAC (ID#: STEPHEN O'NEAL <hr/> 6 Contributor address; City; State; Zip Code 2808 HARLANWOOD DR FTW TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) GENERAL COUNSEL		9 Employer (See Instructions) PINE WAVE ENERGY PARTNERS, LLC
Date 3/31/21	Full name of contributor out-of-state PAC (ID#: KEITH WEEKS <hr/> Contributor address; City; State; Zip Code 3429 FOUR TREES DR. WEAHACH, TX 76087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) DM		Employer (See Instructions) USLS
Date 4/1/21	Full name of contributor out-of-state PAC (ID#: COURTNEY GIUETTE <hr/> Contributor address; City; State; Zip Code 12 GROVE STREET #2 BEACON NY 12508	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) SARAH LAWRENCE COLLEGE
Date 4/2/21	Full name of contributor out-of-state PAC (ID#: RON MORTON <hr/> Contributor address; City; State; Zip Code 4137 LOVELL AVE, FTW TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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

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2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/21	5 Full name of contributor out-of-state PAC (ID#: MICHAEL DIKE	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 209 SUMMERSBY LN FTW TX 76114		
8 Principal occupation / Job title (See Instructions) HOMEBUILDER		9 Employer (See Instructions) VILLAGE HOMES
Date 4/9/21	Full name of contributor out-of-state PAC (ID#: ROXANNE LANEY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1605 CATALINA BAY CT GRANBURY TX 76048		
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) ARTS & LETTERS BOOKSTORE, LLC
Date 4/10/21	Full name of contributor out-of-state PAC (ID#: KEN CARLICH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3508 WYBURN DR, VENUS, TX 76084		
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) HAWK SECURITY
Date 4/12/21	Full name of contributor out-of-state PAC (ID#: JACK MILLS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6500 WOOD CREEK LN, NORTH RICHLANDS TX 76180		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) STOCKYARDS GUNFIGHTER
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME JARED T. SLUANG		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor out-of-state PAC (ID#: JOHN CORNELSEN 6 Contributor address; City; State; Zip Code 2220 HAWTHORNE AVE, FRW, TX 76110	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) EVOLVING TEXAS
Date 4/14/21	Full name of contributor out-of-state PAC (ID#: CODY M. GLODICK Contributor address; City; State; Zip Code 2860 HAVERSTOCK CIRCLE, GREENWOOD, IN, 46143	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) LEO		Employer (See Instructions) USMS
Date 4/14/21	Full name of contributor out-of-state PAC (ID#: MARK PHILPOT Contributor address; City; State; Zip Code 2208 HARRISON AVE, FRW, TX 76110	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 4/15/21	Full name of contributor out-of-state PAC (ID#: MITCHELL LUCAS Contributor address; City; State; Zip Code 1301 THROCKMORTON ST, #2302, FRW TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/21	5 Full name of contributor out-of-state PAC (ID#: JAMES PETERSON	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 601 N. HAMPTON ST # 1215 FTW TX 76102		
8 Principal occupation / Job title (See Instructions) PRODUCER		9 Employer (See Instructions) LOCKTON COMPANIES
Date 4/15/21	Full name of contributor out-of-state PAC (ID#: DEBI PATTERSON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1301 THROCKMORTON ST # 2601 FTW TX 76102		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 4/16/21	Full name of contributor out-of-state PAC (ID#: CASSIE SHOCKEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 160 SPRINGWOOD RANCH LOOP SPRINGTOWN TX 76082		
Principal occupation / Job title (See Instructions) MARKETING MANAGER		Employer (See Instructions) SITUS SMART
Date 4/18/21	Full name of contributor out-of-state PAC (ID#: DAVID DUDSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2913 MERIMAC ST FTW TX 76102		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/21	5 Full name of contributor out-of-state PAC (ID#: VIDAL QUEVEDO	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2233 HUNTINGTON LN TX 76110		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) HOSS RESOURCES, LLC
Date 4/20/21	Full name of contributor out-of-state PAC (ID#: BUDDY MCINTYRE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2021 HAWTHORNE FW TX 76110		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 4/20/21	Full name of contributor out-of-state PAC (ID#: DAN GARVEY	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3420 GEORGE CT WESTBEND WI 53095		
Principal occupation / Job title (See Instructions) CSO		Employer (See Instructions) DELTA DEFENSE, LLC
Date 3/26/21	Full name of contributor out-of-state PAC (ID#: DON KLUICK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8450 TRAILS RIDGE PKWY FW TX 76137		
Principal occupation / Job title (See Instructions) BROKER		Employer (See Instructions) SELF
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JARED T. SCUANG		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor out-of-state PAC (ID#: _____) ARNOLD CACHAMAN 6 Contributor address; City; State; Zip Code 1229 SHADY OAKS LN, FTW, TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) CHAIRMAN		9 Employer (See Instructions) GAMTEX INDUSTRIES
Date 4/1/21	Full name of contributor out-of-state PAC (ID#: _____) JEFFREY POSTELL Contributor address; City; State; Zip Code 6015 HARRIS PKWY 119 FTW TX 76132	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF / POSTELL GROUP
Date 4/1/21	Full name of contributor out-of-state PAC (ID#: _____) MARY ANN GILLETTE Contributor address; City; State; Zip Code 31848 SHELL LANDING WAY LEWES DE 19958	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 4/20/21	Full name of contributor out-of-state PAC (ID#: _____) MIKE AND ROSIE MONCRIER Contributor address; City; State; Zip Code 772 TAYLOR ST 103 FTW TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/21	5 Full name of contributor out-of-state PAC (ID#: _____) GARY W HAVENER	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code PO BOX 121969 FTW TX 76121		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date	Full name of contributor 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 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 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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="text-align: center;">JARED T. SCOANE</div>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 32.00	
5 Date <div style="text-align: center;">3/25/21</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">SHANNON WYNNE</div>			8 Amount of Contribution \$ <div style="text-align: center;">350</div>	9 In-kind contribution description <div style="text-align: center;">FOOD & BEVERAGE</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center;">111 E. 3RD ST FORT WORTH TX 76102</div>				Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center;">OWNER</div>			11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center;">SELF</div>		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME JARED T. SCANG	3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Payee name STAPLES 1187	
6 Amount (\$) 54.64	7 Payee address; City; State; Zip Code 1660 S UNIVERSITY DR. FTW TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description INK AND PRINTING MATERIAL
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/25/21	Payee name STAPLES 1187	
Amount (\$) 71.19	Payee address; City; State; Zip Code 1660 S. UNIVERSITY DR FTW TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description INK AND PRINT MATERIAL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/21	Payee name WHITE TREE PRINTING	
Amount (\$) 925.03	Payee address; City; State; Zip Code PO BOX 26512 BENBROOK TX 76176	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-SHIRTS AND LOGO ITEMS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME JARED T. SCOANE	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Payee name WHITE TREE PRINTING	
6 Amount (\$) 75.98	7 Payee address; City; State; Zip Code PO BOX 26512 BENBROOK TX 76126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAGNET SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/21	Payee name Aaron Thomas & Associates	
Amount (\$) 3,423.00	Payee address; City; State; Zip Code 21344 SUPERIOR ST. CHATSWORTH CA 91311	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description YARD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/21	Payee name UPSTREAM COMMUNICATIONS	
Amount (\$) 4,124.00	Payee address; City; State; Zip Code 5501 BALCONES DR ST 315 AUSTIN TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DIGITAL & MOBILE ADS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5		2 FILER NAME JARED T. SLOANE		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/21		5 Payee name BOLI'S NY PIZZA TAVERN			
6 Amount (\$) 102.76		7 Payee address; City; State; Zip Code 3501 HULEN ST FORT WORTH TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEV EXP.		(b) Description EVENT FOOD + BEVERAGES		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 4/01/21		Payee name JEFFREY CHANTA			
Amount (\$) 1,000		Payee address; City; State; Zip Code 4101 PING DR. AMARSEFIELD TX 76063			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES / CONTRACT LABOR		Description ONE MONTH CONTRACT LABOR		
	Check if travel outside of Texas. Complete Schedule T.		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 4/6/21		Payee name PRITCHETT CAMPAIGN STRATEGIES			
Amount (\$) 47.09		Payee address; City; State; Zip Code 6836 BRANTS LANE FORT WORTH TX 76116			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description NAME BADGE REIMBURSEMENT		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME JARED T. SCOANE	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/21	5 Payee name PRITCHETT CAMPAIGN STRATEGIES	
6 Amount (\$) 2,430.00	7 Payee address; City; State; Zip Code 6836 BRANTS LANE FORT WORTH TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description COORDINATION OF LOGO AND PRINTED MATERIAL
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/6/21	Payee name PRITCHETT CAMPAIGN STRATEGIES	
Amount (\$) 2,500	Payee address; City; State; Zip Code 6836 BRANTS LANE FORT WORTH TX 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description RETAINER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/20/21	Payee name UPSTREAM COMMUNICATIONS	
Amount (\$) 5,215.00	Payee address; City; State; Zip Code 5501 BALCONES DR STA #315 AUSTIN TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description MONTHLY RETAINER AND APRIL ADVERTISING SPEND
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center;">5</div>	2 FILER NAME <div style="text-align: center;">JARED T. SLOANE</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">4/21/21</div>	5 Payee name <div style="text-align: center;">ARON THOMAS & ASSOCIATES</div>	
6 Amount (\$) <div style="text-align: center;">2,281.29</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">21344 SUPERIOR ST, CHATSWORTH, CA 91311</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXP.</div>	(b) Description <div style="text-align: center;">MAIL PIECE PRINTING & POSTAGE</div>
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME JARED T. SLOANE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 100

5 Date 4/16/21	6 Payee name AARON THOMAS & ASSOCIATES		
7 Amount (\$) 2,281.55	8 Payee address; 21344 SUPERIOR ST	City; CHATSWORTH, TX	State; TX
Zip Code 91311			

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAIL PIECE PRINTING & POSTAGE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/16/21	Payee name AARON THOMAS & ASSOCIATES		
Amount (\$) 515.00	Payee address; 21344 SUPERIOR ST.	City; CHATSWORTH CA	State; CA
Zip Code 91311			
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2:	2 FILER NAME JARED T. SCORNE	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 4/30/21	6 Payee name UPSTREAM COMMUNICATIONS
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7 Amount (\$) 1,500.00	8 Payee address; City; State; Zip Code 5501 BALCONES DR, STA #315 AUSTIN TX 78731
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description FACEBOOK, MOBILE + TEXT ADS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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