#### OFFICIAL RECORD CANDIDATE / OFFICEHOLDER FORM C/OH CITY COVER SHEET PG 1 **CAMPAIGN FINANCE REPORT** FT. WORTH, TX Total pages filed: 1 Filer ID (Ethics Commission-Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** JARGO NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING GENDES AVE, FORT WARTH, TX **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (817) 688 - 9833 PHONE MS MB9 / MR CAMPAIGN **TREASURER** HOXANNE NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** 76048 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE (817) 229 - 8511 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 2021 04 **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME **SPECIFIC** COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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#### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
JA	RED T. SCOLNE				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT     PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR     CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s) \$ (3,107.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 109.76			
	4. TOTAL POLITICAL EXPENDITURES	\$ 26, 647.10			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 9,039. 7			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$			
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	e day of			
20, to certify	vhich, witness my hand and seal of office.				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oat			
	OR				
(2) Unsworn Declaration	n				
My name is	> Scoane, and my date of birth is	is 5/30/84			
My address is 4232	GEDDES ME FURT WORTH	FX 26102 USA			
	(street) (city)	(state) (zip code) (country)			
Executed in	(mont	ith) (year).			
	Signature of Candi	induto, Officeriolder (Decimality)			

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# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission Filers)			
	JARED T. SCUANE			
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		\$	O
4.	4. SCHEDULE E: LOANS			٥
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			22,250,55
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			ð
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER			

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#### SCHEDULE A1

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·	**	40 1000		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JA	RED T. SLUANE			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	
3/23/21	6 Contributor address; City; State	e; Zip Code	250,00	
	2007-11-74 57 11 [ 57-11	A: (-/ 7.27		
8 Principal occu	pation / Job title (See Instructions)  9 Er	nployer (See Instructi	ions)	
	OWNER	SELF		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
3/23/21	ALLEN SCHUSTER  Contributor address; City; State	e; Zip Code	(000)	
	3517 Locks AUE FERT			
Principal occur	pation / Job title (See Instructions)	nployer (See Instructi	ons)	
Po	COPERTY MANAGENT SO	NTH LAKE	PRUP. MGT.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	
3/23/21	Contributor address; City; State	; Zip Code	100."	
	5016 MORRIS ME FORT WORT	7+ TX 76103		
Principal occup	pation / Job title (See Instructions)	nployer (See Instructi	ons)	
Cum	MERCIAL LENDER	NBTX		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	
3/23/21	Ros WECBORNE  Contributor address; City; State	e; Zip Code	50.00	
	7112 ELLIS RUAD FORT WORTH	TX 76112		
Principal occup		nployer (See Instruction	ons)	
,	JEAT, MANAGER	JPS		
	ATTACH ADDITIONAL COPIES OF THIS		Additional Association (Co.)	

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	ED T. SCOANE	3 Filer ID (Ethics Commission Filers)		
01415	1. JEOANE			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	<b>7</b> Amount of contribution (\$)	
	6 Contributor address; City;		100.00	
	pation / Job title (See Instructions)	TH TX 76103		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	OWNER	FUEL + SPAG	UK MEDIA	
Date		i	Amount of contribution (\$)	
3/23/21	Contributor address; City;	State; Zip Code	220	
	2817 W. 5TH ST St& B FOR			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Н	OMEBUILDER	VILLAGE	- HUMES	
Date	Full name of contributor out-of-state PAC	· (ID#:)	Amount of contribution (\$)	
3/24/21	Contributor address; City;		500.00	
	DO THRUCKMORTON ST. 1704	FTW, TX HOICE		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct		
	PRESIDENT	MONTGOME	ey be	
Date		(ID#:)	Amount of contribution (\$)	
3/24/21	Contributor address; City;	State; Zip Code	25 00	
	1217 FIH AVE FRU 7	× 76104		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
			*	
NSIDE SALES EXECUTIVE BENEFITHALL				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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#### 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	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JAR	ED T. SLOANE			
4 Date	5 Full name of contributor out-of-state PAC	\(\ID#\)	7 Amount of contribution (\$)	
- Duite	out-of-state PAC	, (ID#:)	, Amount of contribution (¢)	
2/-/-	ANNA BOULLARE		100.00	
3/25/21	6 Contributor address; City;	State; Zip Code		
	#///			
	pation / Job title (See Instructions)	tx 76109		
8 Principal occu				
	V C	M-PAIC, IA	2	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
1 /	LANDON STALLINGS			
3/25/21	Contributor address; City;	State: Zip Code	. 00	
		1	100.00	
	4117 WARNOCK CT FRE	7× 76109		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	RETIRED	BETTRED		
		170 11100		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Our FHACK STORE			
3/25/21	CARTER SHACKLE FORD  Contributor address; City;	State: 7in Code	06	
/	Contributor address, City,	State, Zip Code	100.	
	4863 DIAMOND TRACE TRAIL	FR 2(244		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Business Devendant	UPS		
	13031AC 33 DEUELLE AFAI	0,75		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	D. Carro			
3/26/21	Contributor address; City;	State; Zip Code	50.00	
7/26/21	Contributor address, City,	State, Zip Code	30.	
	5720 WEST SR340 BRAZIL	IN 47834	pr.	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ESIDENT	DLC MEDIA		
1170	SIBERI	100 € 70100174	INC	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NO	EEDED	
	If contributor is out-of-state PAC, please see Instru			

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# SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JARI	FD T. SLUANE			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
3/26/21	Emily ALEXANDER  6 Contributor address; City;		50.00	
700(0(	6 Contributor address; City;	State; Zip Code	30.	
	4015 CURTON AUT FIN	T+ 76107		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	EUNDARY TEXUTER	FWISD		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
	JEFF DAVIS			
3/29/21	Contributor address; City;		750,00	
	2325 MISTIETUS PR Fr	w. Tx 76110		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
	1-2:	REPUBLIC TI		
	ATTURNEY	Heroisele 1/	726	
Date		(ID#:)	Amount of contribution (\$)	
3/31/21				
2/31/2(	Contributor address; City;	State; Zip Code	100.00	
	3770 COUNTRY CLUB CIRCLE FT	V TX 76109		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	CPA/MANNEMENT	WHITLEY PE	WN	
Date		(ID#:)	Amount of contribution (\$)	
2//	TRAVIS KENNEDY	}		
3/31/21	Contributor address; City;	State; Zip Code		
	, ,	7	50.00	
	5400 OAKS LANG WESTLORGE	71		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	BANILER	HARRY STA	TE BANK	
		11		
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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# SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
JAR	ED T. SCOANE				
4 Date	5 Full name of contributor out-of-state PAC	G (ID#:)	7 Amount of contribution (\$)		
3/31/21	STEPHEN CINEAL  6 Contributor address; City;		100.00		
0 Birdel	pation / Job title (See Instructions)	2 Employer (See Instrue	tions		
	FEN GRAL COUNSEL	PINE WAVE EN	TERGY PARTITES LCC		
Date	*	: (ID#:)	Amount of contribution (\$)		
3/31/21	Contributor address; City;	State; Zip Code	. An		
· ·			100,00		
	3429 Few TREES DR. CAMPAG	Employer (See Instruc			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	DM	USLS			
Date	Full name of contributor out-of-state PAC		A disconnective decision and amount and amount and amount and a fine for		
4/1/21	Courtney Gruette  Contributor address; City;  (2 Grove Stagest  # 2 Berron Ny 1250 8	State; Zip Code	50.00		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Principal occup		-			
	PIRECTOR	SARAH LACE	rence Couese		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
4/2/21	Rox Mokton Contributor address; City;	State; Zip Code	50,00		
	4137 LOVELLO AVE, FTE	U TX 76107			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	RETIRED	RETIRED			
		, , , , , , , ,			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:		
2 FILER NAME		* 1	3 Filer ID (Ethics Commission Filers)	
JAR	ED T. SLOANE			
4 Date		C (ID#:)	7 Amount of contribution (\$)	
4/6/21	6 Contributor address; City;	State; Zip Code	500,00	
9 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
6 Fillicipal occu	A Transaction of the Control of the			
	HUMEBULDER	VILLAGE 1	ton es	
Date			Amount of contribution (\$)	
	ROXANNE LANGY			
4/9/21	Contributor address; City;	State; Zip Code		
		16048		
	ation / Job title (See Instructions)	GRANBURY TX		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	5~ TREPRENGUE	ARTS & LETTE	RS BOOKSTERE, LLC	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/10/21	Contributor address; City;	State; Zip Code	100.00	
	3508 WEY BURN DR., VE	NUS, TX 76084		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	SALES	HAWK So	FURITY	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/12/21	Contributor address; City;	State; Zip Code	100,00	
<u>.</u>	6500 WOUD CREEK LN, NUR	THRICHELS TX 76186		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Sec. Secretarios Investors - Advantaciones Inves	OWNER	Carrena De 1	N In In To	
		STOCKYARDS 6	en Half or	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	
	If contributor is out-of-state PAC, please see Instr	uction guide for additional re	porting requirements.	

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## SCHEDULE A1

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The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JAG	ZED T. SCUANG			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
4/13/21	6 Contributor address; City;			
	pation / Job title (See Instructions)	RU, TX 76110		
8 Principal occu				
1	PRES MENT	EVOLVING	TEXAS	
Date		C (ID#:)	Amount of contribution (\$)	
4/14/21	Contributor address; City;  Co	State; Zip Code	50.00	
	2860 HALLESTER CLEAN	ENWOWS, 46148		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
,	L60			
	200	usms		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	MARK PHILPOT			
4/14/21		State; Zip Code	250,00	
	7708 HARRISON AVE E	P. Tx 76110		
Principal occup	2708 HARRYSON AVE, P	Employer (See Instruct	iions)	
	REAL ESTATE	SELF		
	CAC ESTATE	00 00		
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)	
4/15/21	Contributor address; City;	State; Zip Code	500.00	
	1301 THROCKMORTON ST	FTW 7x 76102		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
RETIRED				

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

## SCHEDULE A1

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			•	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JARGE	T. SCOANE			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#: )	7 Amount of contribution (\$)	
	1			
4/15/21	JAMES PEDERSON	1		
7 12 7 3 1	6 Contributor address; City;	State; Zip Code	500.00	
	601 N. HAMPTON ST # 1215 Fru	TX 76102		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
	PRUDUCER	LUCKTON C	en parios	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	DE31 PATTERSON			
4/15/21		State; Zip Code	500,00	
,				
	1301 THRUCK MORTEN ST # 2601	For TX 76102		
Principal occup	bation / Job title (See Instructions)	Employer (See instruct	tions)	
	RETIRED	RETIRED		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
,	CASSIE SHOULEY  Contributor address: City:		, 24	
4/16/21	Contributor address, Sky,	J. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	100.	
	Spen	GTaun 7		
Dringing Lagger	160 SARWGWOOD RANCH LOOK	Employer (See Instruct	tions)	
	pation / Job title (See Instructions)			
MA	RETUL MANAGER	Sitous, Si	MARS.	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
1 ,	DAMP DUDSON		4	
4/18/21	Contributor address; City;	State; Zip Code	100,00	
	2913 MERINAL ST FTW	Tx 76102		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
BETTRED RETIRED				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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## SCHEDULE A1

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•				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JARE	D T. SCOANE			
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)	
4/19/21	6 Contributor address; City;	State; Zip Code	(00,00	
	2227 /2017/10/6-11	76110		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	,		· · · · · · · · · · · · · · · · · · ·	
	PRESIDENT	17033 12630	ones, Le	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
11/- 60	Contributor address; City;			
4/20/01	Contributor address; City;	State; Zip Code	50.00	
	2021 HAWTHORANE FIN	Tx 76110		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
R	ETRED	RETTRED		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
4/20/21	Dan Gaevey Contributor address; City;	State; Zip Code	(000.=	
	3470 GEORGE CT WESTBEN	15 WI 53095		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
C	So	DELTA DEPE	FUSE LLC	
			•	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
-//	Don KLICK			
3/26/21	Contributor address; City;	State; Zip Code	100.00	
	8450 TRACE RIDGE PREMY FI	701Th 7613 Z		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ROLFR	SELF		
13	COICOIC			
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
JAREI	T. SCUANG			
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:	7 Amount of contribution (\$)	
3/26/21	ARNOLO CACHAAN  6 Contributor address; City;	State; Zip Code	1,000,00	
	pation / Job title (See Instructions)	, TX 76107		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
C41	ARMAN	GAMTEX IN	UDUSTRIES	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
4/1/21	DEFFREY POSTECC  Contributor address; City;	State; Zip Code	500.00	
	6015 HARRIS PHUN 119 FM	TX 76132		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
(	DWNER	SELF PO	STELL GROUP	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/1/21	Contributor address; City;	199_	1,000.00	
	31848 SHELL LANDUK CVAY	ewes De		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	RETTRED	RETTRED		
Date		(ID#:)	Amount of contribution (\$)	
	MIKE AND ROSIE MONCRIE			
4/20/21	Contributor address; City;	State; Zip Code	250.00	
1 , ,	772 TAYLOR ST 10% FTW 1	× 76102		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
RETIRED RETIRED				

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

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	The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:					
2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	JARO	FD T. SCOANE						
4	Date	5 Full name of contributor out-of-state P.	7 Amount of contribution (\$)					
	4/21/21	6 Contributor address; City;		1,000,00				
		Po Box /71969 FTW pation / Job title (See Instructions)	T> 76121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
	7	2 & TRED	BETIRED	(				
	Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)				
		Contributor address; City;						
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
	Date Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code		AC (ID#:)	Amount of contribution (\$)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)				
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)				
		Contributor address; City;	State; Zip Code					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED				
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Revised 8/17/2020

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

	· · · · · · · · · · · · · · · · · · ·						
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	Contribution \$   description   Food     BEVERUE   Check if travel outside of Texas. Complete Schedule T.			
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)			
JAR	ED T. SCOANE						
	7.						
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32.00				
5 Date	6 Full name of contributor	)	Contribution \$				
3//-	S ฟิลุมมอง ใบรุมมช์ 7 Contributor address; City; State;		2	FOOD &			
3/25/21	7 Contributor address; City; State;	Zip Code	500	BEVERVEE			
	III E. TRO ST En- CONTRACT	7/103	Check if travel outsi				
40.5	Pad Wald of 13	7610 Z					
10 Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)		utor's job title (FOR JUDICIAL) (See Instructions)  m of contributor's spouse (if any) (FOR JUDICIAL)  Amount of   In-kind contribution				
40 Contributorio	principal occupation (FOR JUDICIAL)		SELF				
12 Contributors	principal occupation (POR JODICIAL)	13 Continue	ator's job title (1 OT 30	DICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)			
40 16	is a shift for firm of manakle) (if any) (FOR HIDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Full name of contributor	)	Amount of In kind contribution				
Date			Contribution \$	description			
	Contributor address; City; State;	Zip Code					
	,,						
			Check if travel outside	de of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	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)						
contributor							
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	IL F AS NEEDED				
I	f contributor is out-of-state PAC, please see Instruction			requirements.			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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# SCHEDULE F1

Revised 8/17/2020

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**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)				
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME JARED T. SCUA	NG	3 Filer ID (Ethics Commission Filers)				
4 Date 3/23/2 (	5 Payee name  STAPLES 1187						
6 Amount (\$)	7 Pavee address:	City;	State; Zip Code				
54.64	1660 5 UNIVERSITY DR.	Fru TX	76107				
8	(a) Category (See Categories listed at the top of this so	Company to the company of the compan					
PURPOSE							
OF EXPENDITURE	PRINTING EXPENSE	INK AND	PRINTING MATORIAL				
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
3/25/21	STAOLES 1187						
Amount (\$)	Payee address;	City;	State; Zip Code				
71.19	1660 S. UNIVERSITY	, DR PR	72 76107				
	Category (See Categories listed at the top of this sch						
PURPOSE OF							
EXPENDITURE	PRINTING EXPENSES	INC AN	D PRINT LATER ME				
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
3/26/21	WHITE TREE PRIN	NTNG					
Amount (\$)	Payee address;	City;	State; Zip Code				
925.03	PO BOX 26512	BENBRUK	- FX 26176				
	Category (See Categories listed at the top of this scho	edule) Description					
PURPOSE							
OF EXPENDITURE	ADVERTISING EXPENSE	T-JHIRTS	AND 6060 175% S				
	Check if travel outside of Texas. Complete Sche		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Office field				
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 B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense	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)				
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1 Total pages Schedule F1:	2 FILER NAME JARED T. SCOAN	ı.F	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
3/20/21	WHITE TREE !	PRINTING	7.0.1				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code				
75, 78	PO BOX 26512	BENBRUOK	Tx 76126				
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description					
PURPOSE							
OF EXPENDITURE	151225						
EXPENDITORE	ADVERTISING	MAGNE					
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, 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						
, ,	,						
3/26/21	Agron Thomas + +	ssociates					
Amount (\$)	Payee address;	City;	State; Zip Code				
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2 40 2 00	215111		27/4 CA 9/3//				
3,423.00	21344 Superior		etit ca iisii				
	Category (See Categories listed at the top of this sch	edule) Description					
PURPOSE OF							
EXPENDITURE	A. DUERTISING	1/4005	Siaus				
	Check if travel outside of Texas. Complete Sche	n, TX, officeholder living expense					
	Candidate / Officeholder name	Office sought	Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Chice held				
Date	Payee name						
, ,							
3/26/21	UPSTREAM COMMUNI	CARALIS					
Amount (\$)	Payee address;	City;	State; Zip Code				
4,124,00	5-501 BALLCONES P	R ST A 315 AC	57N TX 78731				
2	Category (See Categories listed at the top of this sche	edule) Description					
PURPOSE							
OF EXPENDITURE	1	Duran	4 MOBILE ADS				
	ADVERTISING	1)16TAL					
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austir	n, TX, officeholder living expense				
Complete ONLY 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	Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District		
Consulting Expense Contributions/Donations Made B	By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel Out Of District		
Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services S The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:		Proposition (Proposition Contraction Contr	3 Filer ID (Ethics Commission Filers)		
5 Schedule Fi	JARGO T. SCOANE	ş	C The TB (Edited Commission There)		
4 Date	5 Payee name				
3/31/21	BULL'S NY PIZZA	City;			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
(02.76	3501 HULEN ST	FORT WORTH	Tx 76107		
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description			
PURPOSE					
OF EXPENDITURE	FUOD /BEV EXO.	EVENT	FOOD + BEVERNGES		
e a	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	etin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
4/01/21	JEFFREY CHANTA				
Amount (\$)	Payee address;	City;	State; Zip Code		
1,000	LIIOL PING DR.	AMANS PIECD	Tx 76063		
	Category (See Categories listed at the top of this sche				
PURPOSE					
OF EXPENDITURE	SMARIOS/CONTENT (	ABUR UNE ME	INTH CONTRACT LABOR		
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aus	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/6/21					
9(6(21	PRITCHETT CAMPAICN	STRATEGIES			
Amount (\$)	P <sup>f</sup> ayee address;	City;	State; Zip Code		
47.09	6836 RRANTS LANG	FORT WO	4TH TX 76116		
	Category (See Categories listed at the top of this sche	dule) Description	-		
PURPOSE					
OF EXPENDITURE	ASUGATISING	NAME B	ADGE REINBURSENENT		
	Check if travel outside of Texas. Complete Scheo		in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	- THIS SCHEDULE AS NE	EDED		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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# SCHEDULE F1

Revised 8/17/2020

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**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)			
Credit Card Payment	The Instruction Guide explains	approximation of a system by the				
1 Total pages Schedule F1:	2 FILER NAME  ARED T. SCOAN	E	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
4/6/21	PRITCHETT CAMPAIGN	STANTEGICS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
2,430.22	6836 BRANTS LANG	FORT WO	RTH TX 76116			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE		Rear Dury	and of later AND			
OF EXPENDITURE	CONSULTING CAPENSE	PRINTA				
	(c) Check if travel outside of Texas. Complete Sch		in, TX, officeholder living expense			
	l ' ·	Office sought	Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office field			
Date	Payee name					
4/6/21	PRITCHATT CAMPAI					
Amount (\$)	Payee address;	City;	State; Zip Code			
2,500	6836 BRANTS LANE	FORT WORTH	Tx 76116			
	Category (See Categories listed at the top of this sol	nedule) Description				
PURPOSE OF						
EXPENDITURE	CONSULTING EXPENSE	RETAIN	ER			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	<u> </u>				
4/20/21	UPSTREAM COMMON					
Amount (\$)	Payee address;	City;	State; Zip Code			
,						
5, 215.00	5501 BALLONES DR STA#		TX 78731			
	Category (See Categories listed at the top of this sch	dedule) Description				
PURPOSE OF		L'attel,	RETAINER AND			
EXPENDITURE			VERTISING SPEND			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, 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

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

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Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Office (effice a category florifisted above)		
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
5	JARED T. SLUANE				
4 Date	5 Payee name				
4/21/21	AARON THOMAS + A	HSSOUMTES	7: 0.1		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2,281,29	21344 SUPERIOR ST CI	tatsweth.	CA 9/3/1		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	ADVOCA DELLA	LE ABINANC + POSTAGO			
EXI ENDITORE	APUSETISING EXP.	MAIL PIEC			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
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		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		-			
OF EXPENDITURE					
LAFENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	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 S	SCHEDULE AS NEE	DED		
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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 CATE	GORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food y Gift/ al Committee Lega	nt Expense s d/Beverage Expense Awards/Memorials Expense al Services ne Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Transpo Travel I Travel C	n District Out Of District	g Expense nent & Related Expense y not listed above)
1 Total pages Schedule F2:	2 FILER NAM	E			3 Filer I	D (Ethics C	ommission Filers)
	JARES	) T. SLOAM	SE				
4 TOTAL OF UNITER	IIZED UNPAII	D INCURRED OBL	IGATIONS	3	\$ /	00	
5 Date	6 Payee name	•					
4/16/21	AARO	N THUMAS &	- Asso	CIATES			
7 Amount (\$)	8 Payee addre	ess;		City;		State;	Zip Code
2,281.55	21344	SURERIOR	ST	CHATSW	WITH	TX	91311
9 TYPE OF EXPENDITURE	Politic	al	Non-Poli	tical	,		
10	(a) Category (See	e Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE	4:00 ER	DSAL		MAIL PC	ECAE R	PHINTM	5 + POSTAGO
	4.12	if travel outside of Texas. Complete	Schedule T.		0 7000 000	eholder living e	
11 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name	Of	fice sought		Office he	ld
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4/16/21	1		4.0010	INTES			
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Amount (¢)	1 ayee addie	.55,		Oity,		Giaio,	Zip dddd
515.00	21344	SUPERIUR	<b>3</b> Τ.	CAATSW	art 4	CA	9/3/1
TYPE OF EXPENDITURE	Politica	al [	Non-Poli	tical			
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PURPOSE							
OF EXPENDITURE	ADUERTA	SINC		VARD	Sian	21	
		k if travel outside of Texas. Complete	Schedule T.	Check if Au	stin TX offic	ceholder living	expense
Complete ONLY if direct		e / Officeholder name		ice sought		Office hel	
expenditure to benefit C/OH		of Officeriolder Harrie	Oli	ice sought		Office fiel	u

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# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

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

		EXPENDITUR	E CATEGOR	IES F	OR BOX 10(a)			-
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	F By G	event Expense vees vood/Beverage Expense sift/Awards/Memorials E egal Services	Off Po Expense Pri	fice Ove Iling Exp nting Ex		Transpo Travel I Travel 0	n District Out Of District	ment & Related Expense
	g g	The Instruction Gui	ide explains ho	w to c	omplete this form.			
1 Total pages Schedule F2:		ME T. SC	ONE			3 Filer	D (Ethics (	Commission Filers)
4 TOTAL OF UNITER				ION	S	\$		
5 Date	6 Payee nar	me						
4/30/21		CE An C	onn un	CA	TRUNS			
<b>7</b> Amount (\$)	8 Payee ad	dress;			City;		State;	Zip Code
1,500.00	5501	BALLONES	DR, S	TA	#315 A	ひらかん	TX	78-731
9 TYPE OF EXPENDITURE	Poli			on-Pol				
10	(a) Category (	See Categories listed at t	he top of this sched	ule)	(b) Description			
PURPOSE								
OF EXPENDITURE	ADUK	ADUGE TISING FACEBOOK, NOBICE & TEXT ADS						T 405
	(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		ate / Officeholder r	name	Of	fice sought		Office he	eld
Date	Payee nar	me						
Amount (\$)	Payee add	dress;			City;		State;	Zip Code
		*						
TYPE OF EXPENDITURE	Polit	tical	N	on-Poli	tical			
PURPOSE OF EXPENDITURE	Category (8	See Categories listed at th	e top of this schedu	ıle)	Description			
**	Ch	eck if travel outside of Texas	s. Complete Schedu	le T.	Check if Au	stin, TX, offic	eholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder n	ame	Of	fice sought		Office he	ld
	ATTACH A	ADDITIONAL CO	PIES OF TH	IS SC	HEDULE AS NEI	EDED		
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