CA D DATE / OFFICE OLDER
CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME

(MS) / MRS / MR

MI

NICKNAME

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL 14 2022
Board of Education

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

915 East Cannon St Fort Worth TX 76

[redacted]

OFFICEHOLDER PHONE (682) 554-2304

Date r Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Idie

MI

Receipt # Amount $

NICKNAME

LAST

R Howe

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

P.O 1651 , TX 111

[redacted]

CA DIDATE / OFF CE OLDER CA PA G FI A CE REPORT

FOR C/OH COVER SHEET PG 2

14 C/OH NAME Wallace. for

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL

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*

[redacted]

OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

e 14th

17 CONTRIBUTION TOTALS

	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALL	$ 500.00
2.	**TOTAL POLITICAL CONTRIBUTIONS**	$

SUBTO LS - C/O

FOR C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

		21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 00.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11	☐	[redacted]	$

O ETARY POLIT CAL CONTRIBUTIO S

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages ule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor out-of-state PAC ID#

7 Amount of ion ($)

6/16/22 A. De $500.00

7809 h, tN 7tw 76112

State: Zip Code

8 Principal occupation / Job title (See Instructions) 9 Employer (See I)

Date Full name of contributor ☐ out-of-state PAC ID# Amount of contribution ($)

address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor ☐ out of state PAC ID# Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Amount of contribution ($)

Contributor address;

City; State; Zip Code

occupation / Job title (See Instructions) Employer (See Instructions)

POLIT CAL PE D TU S DE
FRO POL TICAL CO T BUT O S

SCHEDULE F1

DITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking Expense
Made By
Event Expense
Fees
Food/Beverage Expense
Loan Repayment
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

City:

8 (a) Category (See Categories listed at the top of this schedule)

OF
EXPE DITURE

(c) Check if Austin, TX officeholder living expense

PURPOSE

1 Total pages of Schedule F1 2 FILER

3 Filer ID (Ethics Commission Filers)

EXPENDITURE

Payee.

4 Date

5 Payee name

Category (See Categories listed at the top of this schedule)

Description

Office held

6 Amount ($)

7 Payee address:

State

Zip Code

(b) Check if Austin, TX officeholder living expense

Description

PURPOSE

Candidate / Officeholder name

Office sought

Date

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

City:

State:

Zip Code

date	name	amount	Description	
[redacted]				
6/15/22	QT	$23.61	FOREST Hill	ice and drinks for voluntee
6/16/22	wichita Fuel	$15.13	fOREST Hill	ice and drinks for voluntee
6/16/22	QT	$9.77	fOREST Hill	ice and drinks for voluntee
[redacted]				