

The C/OH Instruction Guide how to form. 1 ID (Form) 2 Total pages filed.

VE MRS / MR FIRST MI

NICKNAME LAST SUFFIX Date Received

CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 5/5/2023

Change of Address AREA CODE PHONE NUMBER EXTENSION

Receipt #

DATE PROCESSED 2023

NICKNAME LAST SUFFIX Date Imaged 2023

7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY ZIP CODE

21 St

(Residence or Business)

8 CAMPAIGN OFFICEHOLDER PHONE PHONE NUMBER EXTENSION

(817) 517-55

6 CAMPAIGN TREASURER NAME

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Modified Limit ☐ Final Report (Attach C/OH - FR)

Month Day Year

10 PERIOD COVERED THROUGH 05 02 2023

AREA CODE Primary Runoff Other Description

(817) 454-6096

Special

11 ELECTION ELECTION DATE 03 10 2023

Month Day Year

05 06

General

12 OFFICE Additional Pages

TREASURER NAME FWISS District 3

14 NOTICE FROM CAMPAIGN TREASURER ADDRESS

CAND DATE / OFFICEHOLDER
CA PA GN FI ANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

MAR

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY

\$ —

1

\$

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

I swear, 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.

andidate or Officeholder

EXPENDITURE
TOTALS

3 TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ —

4. TOTAL POLITICAL EXPENDITURES

0

CONTRIBUTION
BALANCE

\$ 650

OUTSTANDING
LOAN TOTALS

0

18 SIGNATURE

Title of officer administering oath

ONE TRY POLITICAL CONTR UTIONS

SCHEDULE A1

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

1 Total pages Schedule A1:

out-of-state PAC 180

7 Amount of contribution (\$)

The Instruction Guide plains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

MAR'Tayshin James

4 Date

5 Full name of contributor

Bob Willoughby

03/10/23

6 Contributor address

15.00

711 Worth TX

8 Principal occupation / Job title (See Instructions)

Date _____

Full name of contributor

Confidential

S

C

O

1

10 FILER NAME

20 Filer ID (Ethics)

)

21 SCHEDULE SUBTOTALS
NAME OF ESUBTOTAL
AMOUNT

\$

SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

SCHEDULE E: LOANS

\$

5

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7

\$

8

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

9

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM FUNDS

\$

10

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED

\$

TO FILER

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.

James

5 Full name of contributor

7 Amount of contribution (\$)

City		State		Zip Code	
Professional Service Instructions: 1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					
51.					
52.					
53.					
54.					
55.					
56.					
57.					
58.					
59.					
60.					
61.					
62.					
63.					
64.					
65.					
66.					
67.					
68.					
69.					
70.					
71.					
72.					
73.					
74.					
75.					
76.					
77.					
78.					
79.					
80.					
81.					
82.					
83.					
84.					
85.					
86.					
87.					
88.					
89.					
90.					
91.					
92.					
93.					
94.					
95.					
96.					
97.					
98.					
99.					
100.					

8 Principal occupation / Job title (See Instructions)

Date _____

Full name of contributor

out-of state PAC ID#

Amount of contribution (\$)

Employer (See Instructions)

0 /03/

James Elms

Contributor address

74. Worth TX

25. ~~pp~~

1. *What is the main purpose of this document?*

2. *What are the key findings of the study?*

3. *What are the implications of these findings for practice?*

4. *What are the limitations of the study?*

5. *What are the next steps for research in this area?*

Date _____

Full name of contributor

out-of-state PAC (id#

Amount of contribution (\$)

State: Zip Code

04/26/23

Reuben James

Contributor address.

C

35.00

O **Y POLITIC L CONTRIBUTIONS**

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME

1 Total pages Schedule A

3 Filer ID Ethics Commission Filer

4 Date

5 Full name of contributor

6 State PAC ID#

7 Amount of contribution (\$)

'Kuiden
 Contributor address

City State Zip Code

Ft. Worth TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

6 State PAC ID#

Amount of contribution (\$)

04/29/23

Johnetta Brooks

Contributor address

City State Zip Code

Worth TX

Employer (See Instructions)

25.00

Full name of contributor

6 State PAC ID#

Amount of contribution (\$)

Crystal Gayden

05

Ft. Worth, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

6 State PAC ID#

Amount of contribution (\$)

Contributor address

City State Zip Code

Revised 8.17