CA D DATE / OFF CE OL ER CA G F ANCE REPORT

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: 7

3 CANDIDATE / OFFICEHOLDER — MS / MRS / MR: Mrs. — FIRST: Patricia — MI: L — OFFICE USE ONLY

4/3/2023

NAME — NICKNAME: Pat — LAST: Carlson — SUFFIX

Date Received

[redacted]

Date Processed 4/3/2023

Date Imaged 4/3/2023

OFFICEHOLDER 421 Forest River Ct., Fort Worth, TX. 76112

ADDRESS

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE: (817) — PHONE NUMBER: 819-8020 — EXTENSION

Date Hand-delivered or Date Postmarked

Receipt # Amount $

6 CAMPAIGN TREASURER NAME — MS / MRS / MR — FIRST: John — MI

[redacted]

Carlson

[redacted]

CA D D E / OFF CE OLDER
CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Patricia "Pat" Carlson

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)	$	0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	400.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	46,133.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the report is true and correct and includes all information required to be reported by me under Title 15, Election

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

AMANDA COLEMAN
MY COMMISSION
SEPTEMBER 13, 2023
132173422

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patricia Carlson

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

(2) Unsworn Declaration

My name is , and my date of birth is

My address is , , _____, ,
(street) (city) (state) (zip code) (country)

Executed in ____ County, State of , on the _____ day of (month) 20 (year) .

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/O

FORM C/OH
COVER SHEET PG 3

[redacted]

2.

3.

Patricia "Pat" Carlson

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
6.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 400.00
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4	SCHEDULE E: LOANS	0.00
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0.00
	[redacted]	$ 0.00

12. [redacted]

7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	0.00
8	[redacted]	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 46,133.05
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0.00
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	0.00

Reset Form

O ETARY POL T CAL CONTR BUT ONS

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

[redacted]

Patricia "Pat" Carlson

4 Date	**5** Full name of contributor	out-of-state PAC (ID#:)	**7** Amount of contribution ($)
3-21-23	Kathryn Cosby		200.00

6 Contributor address; City; State; Zip Code

4804 Brockton Ct., Fort Worth, TX. 76132

[redacted]

Retired

Date	Full name of contributor	Amount of contribution ($)
3-31-23	Mark Hanson	100.000

[redacted]

[redacted]

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Event Expense
Fees
e 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)

POL T CAL EXPE D TURES A E FRO PERSO AL FU DS

SCHEDULE G

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 By
Credit Card Payment
Event Expense
Fees
ge Expense
Loan eimbursement
Office Overhead/Rental Expense
Polling Expense
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

City;

Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense

political contributions

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

1 Total pages Schedule G:

2 FILER NAME
Patricia "Pat" Carlson

3 Filer ID (Ethics Commission Filers)

4 Date
3-24-23

5 Payee name
Neel & Partners LLC

6 Amount ($)
39,417.00
Reimbursement from political contributions intended

7 Category (See Categories listed at the top of this schedule) State; Zip Code
8601 Ice House Drive #7108, North Richland Hills, TX. 76181

Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

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

(b) Description
Printing and Mailing and digital svcs.

(c)

9
Complete ONLY if direct

Candidate / Officeholder name | Office sought | Office held

POL T CAL EXPE D TURES ADE FRO PERSONAL FU DS

SCHEDULE G

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 | Expense | Polling Expense | Travel In District

Intended

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

Fees

Salaries/Wages/Contract Labor | Other (enter a category not listed above)