CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete	1 File this form	er ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME		MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P. O. FOV	SUITE #;	CODE	
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1-				
OFFICEHOLDER PHONE	(817) 715-	-2191		Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	uerreri	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO		сіту; // D	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE	-3258	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election 8th day before election	Runoff Exceeded Modified Reporting Limit	15th day after campaign appointment Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day / 22	Year 2021 T	Month	Day Year / 15 2021
11 ELECTION	ELECTION DATE Month Day Year 05 01 / 2021		Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	Trustee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

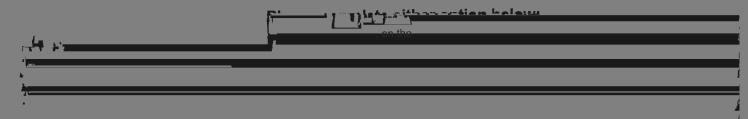
FORM C/OH COVER SHEET PG 2

15 C/OH	1	C.,	6 Filer ID (Ethio	cs Commission Filers)
17 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	-D-
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	-
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	b
	4.	TOTAL POLITICAL EXPENDITURES	\$	730.9
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	-}
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LOAN TOTALS		LAST DAY OF THE REPORTING PERIOD		
		ffirm, under penalty of perjury, that the accompanying report is true a reported by me under Title 15. Election Code		d includes all information officer administering oath

Signature of Candidate or Officeholder

1s 12-

98



SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

19	FILER N	AME	, /	1		- A - 12	20 F	iler ID (Ethics 0	Commissio	n Filers)
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21		ILE SUBTOTALS F SCHEDULE								SUBTOTAL AMOUNT
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2		SCHEDULE A2	: NON-MOI	NETARY (IN-K	(IND) POLITIC	AL CONTRIBUT	IONS		\$	-0 -
3		SCHEDULE B:	PLEDGED	CONTRIBUTI	IONS				\$	0
4		SCHEDULE E:	LOANS						\$	-
5		SCHEDULE F1	: POLITIC	AL EXPENDIT	TURES MADE	FROM POLITIC	CAL CONTRIB	UTIONS	\$	
6		SCHEDULE F2	: UNPAID II	NCURRED OF	BLIGATIONS				\$	-0-
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		SCHEDULE G:	POLITICA	L EXPENDIT	URES MADE	FROM PERSON	IAL FUNDS			
10 L		SCHEDIII E H	PAYMENT	MADE FROM	A POLITICAL	CONTRIBUTION	S TO A BUSII	IESS OF C/OF	l	:
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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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Travel In District Polling Expense The Instruction Guide explains how to complete this form. 2 FILER NAME City; schedule) (a) listed at the **PURPOSE** TERR. PURPOSE EXPENDITURE PLIPPOSE OF Feet _ **EXPENDITURE** Credit Card Payment 1 Total pages Schedule F1

5 Payee

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3 Filer ID (Ethics Commission Filers)

SCHEDULE F1

If the requested information is not a icable, **DO NOT include this**

in the report.

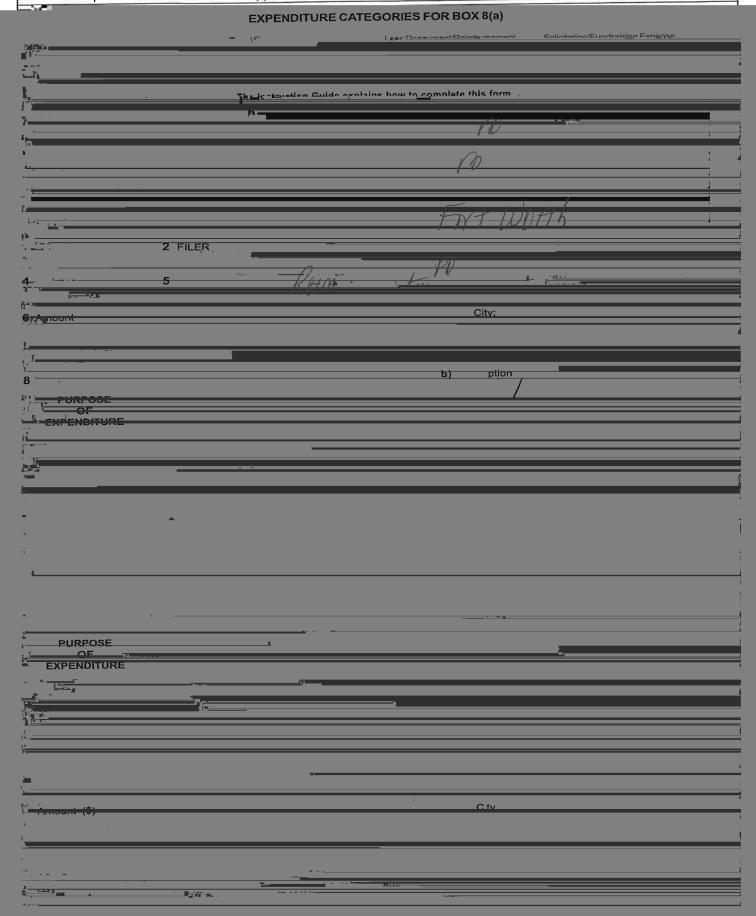
EXPENDITURE CATEGORIES FOR BOX 8(a)

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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.



PURPOSE

If the requested information is not 'icable, DO NOT include this' in the re rt. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense I,nan.Renavment/Reimbursement The Instruction Guide explains how to complete this form 6- Amount (\$) PURPOSE OF EXPENDITURE (c) City; **PURPOSE** EXPENDITURE ≝ैनAmount (\$)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH E anna C.

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

