

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

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

MS / MRS / MR

RECEIVED

STATE: ZIP CODE

JUL 17 2023

2108

First

2-3945

Board of Education

(817)

.7721

917

MS / MRS / MR

Alonzo

17 23

7 23

M

OFFICE USE ONLY

3 CANDIDATE /
OFFICEHOLDER
NAME

STREET ADDRESS (

EASE): APT. / SUIT

2108

1/4 CL

NICKNAME

First

78 2108 945

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

) 296 7721

☐ Change of Address

04

/2023

06/30/20

0

DIST. 2

OFFICEHOLDER
PHONE

6 CAMPAIGN
TREASURER
NAME

FIRST

MI

#

Amount \$

Date Processed

NICKNAME

LAST

SUFFIX

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

CITY;

STATE;

ZIP

(Residence or Business)

\$ 3615.00

\$ 14138.63

0

\$ 9339.45

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING			

SUBTOTALS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 36 00

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

\$

3 ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

\$ 9339.45

4. SCHEDULE E: LOANS

5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6 ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

\$

8 ☐ SCHEDULE F3: EXPENDITURES MADE BY CREDIT CARD

\$

ONETARY POLIT CAL CONTR BUTIONS

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.

2 FILER NAME

1161

3 Filer ID (Ethics Commission Filers)

4 Date

4-28-23

Rubio Meno Joe

7 Amount of contribution (\$)

100.00

State; Zip Code

8 Principal

/ Job title (See Instructions)

9 Employer (See Instructions)

Date

4-28-23

Full name of contributor

THE

☐ out-of-state PAC

Amount of contribution (\$)

Contributor address;

178 Tribute

City;

CA

State; Zip Code

95815

1000.00

Principal occupation / Job title (See

Employer (See Instructions)

Date

5-3-23

Full name of contributor

Carlson Sharpless

☐ out-of-state PAC

Amount of contribution (\$)

City;

Point Drive

State; Zip Code

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-23

Full name of contributor

Co
3

Contributor address;

Black Canyon Rd

City;

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

350.00

MONETARY POLITICAL CONTR BUT ONS

SCHEDULE A1

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

1. Filer's name (Last, first, middle initial)
 108.
 5-7-23
 115.01
 26/14
 TOL
 N. J. 305
 CO

2. FILER NAME
 5-5-23 0 100% ERA CAST LLO
 3. Filer ID (Ethics Commission Filers)
 2000.00
 4. Date 5. ☐ out-of-state PAC 7. Amount of contribution (\$)
 2000.00

6. 5 City: State: Zip Code
 8. Principal occupation / Job title (See Instructions) 9. Employer

Date Full name of contributor ☐ out-of-state PAC (ID#) Amount of contribution (\$)
 State: Zip Code

Principal / Job title (See Instructions) Employer Instructions
 Date Full name of contributor ☐ out-of-state PAC Amount of contribution (\$)

Contributor 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 (\$)
 State: Zip Code

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fundraising Expense	Grant Expenses	In-kind Reimbursement/(Reimbursment)	Solicitation/Fundraising Expense
1.	-	a	
5-15-23	1648		
13.81 83	STIN TX		
On	E		
-26-7	Lancaster Ave TX		
22 00	sc	" notes"	
101.80	www.medicat.com		
Category			
SOUCI		collection fees	

LOANS

SCHEDULE E

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 E:

3 Filer ID (Ethics Commission Filers)

2 Filer Name

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name

9 Loan Amount (\$)

6 Is lender a financial institution?

Y

TX 76112-3945 Zip Code

10 Interest

11 Maturity date

12 Principal occupation / Job title (See Instructions)



13 Employer (See Instructions)

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address: City State Zip Code

Loan Amount (\$)