

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

OFFICE USE ONLY

Date Received

NICKNAME

SUFFIX

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
761

OFFICEHOLDER
PHONE

(682) 554-2304

Date

r Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MI

Receipt #

Amount \$

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

7 CAMPAIGN
TREASURER

ADDRESS

(Residence or Business)

P.O.

1651

, TX

111

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

OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$

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

\$

~~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. ☐ ~~SCHEDULE I: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS~~

~~\$~~

~~_____~~
~~_____~~

OPTIONAL POLITICAL CONTRIBUTION

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages: 1 Schedule 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 contribution (\$)

6/16/12

7809

A. Be

h, tn

State: Zip Code

744 7612

\$500.00

8 Principal occupation / Job title (See Instructions)

9 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

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

Contributor address;			

City;

State; Zip Code

occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL PLEDGES DE FROM POLITICAL COMMITTEES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment	Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation, equipment & related expenses
Expenses	Fund/Insurance Expense	Polling Expense	Travel In District
Made By	Expense	Printing Expense	Travel Out Of District

1. Name of the person or entity that made the expenditure	2. City
3. (b) Category (See Categories listed at the top of this schedule)	

4. OF EXPENDITURE

5. ☐ Check if expenditure of loan. Complete Schedule F2. ☐ Check if Austin, TX, officeholder living expense

6. Amount (\$)	7. Payee name	8. Category (See Categories listed at the top of this schedule)	9. Description	10. Office held
	11. Payee address			State Zip Code

12. PURPOSE

13. Total page of Schedule F1 EXPENDITURE

14. Date

15. Complete ONLY if direct expenditure to benefit C/OH

date	name	amount	Description
6/15/22	QT	\$23.61	FOREST Hill ice and drinks for volunteer
6/16/22	wichita Fuel	\$15.13	fOREST Hill ice and drinks for volunteer
6/16/22	QT	\$9.77	fOREST Hill ice and drinks for volunteer
6/16/22	QT	\$46.15	fOREST Hill lunch volunteer