

CANDIDATE / OFFICEHOLDER
CA G F A C EPORT

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
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

Mrs.

Lisa

L

Date Received

RECEIVED

APR 26 2019

Board of Education

NICKNAME

LAST

SUFFIX

Saucedo

4 CANDIDATE /
OFFICEHOLDER

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 100144 Fort Worth TX

ADDRESS

☐ Change of Address

76185

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

or Date Postmarked

(817) 703-1098

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Receipt #

Amount \$

Ms.

Sarah

R

Date Processed

NICKNAME

LAST

SUFFIX

Date Imaged

Nader

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

2211 Weatherbee St Fort Worth, TX 76110

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

480-2251

9 REPORT TYPE

☐ January 15

☐ 30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

Final Report (Attach C/OH - FR)

CA E / OFF CE OLDER
CA G F A CE PORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Lisa Saucedo

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

COMMITTEE(S)

KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE
OF SUCH EXPENDITURES

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

Lisa L. Saucedo

26th

\$ 925.00

EXPENDITURE

Lition

lition

Asst.

19 FILER NAME

Lisa Saucedo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 925.00

2

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

\$

3.

SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4.

SCHEDULE E: LOANS

\$

5.

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 4,934.74

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: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

SCHEDULE K: INTEREST CREDITS, GAINS, REFINDS AND CONTRIBUTIONS

\$

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Lisa Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

4/5/19

Barton Smith

\$ 100.00

☐ out-of-state PAC (ID#)

2041 Wilshire Blvd Fort Worth, TX 76133

8 Pr

c

Job title (See Instructions)

9 Employer (See Instructions)

1

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

4/5/19

Shannon Velayos

\$ 50.00

Contributor address;

City; State; Zip Code

4208 Inwood Rd Fort Worth, TX 76109

4/

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Realtor

Better Homes & Garden Realty

Date

Full name of contributor

Amount of contribution (\$)

4/6/19

Brie Diamond

\$ 25.00

Contributor address;

City; State; Zip Code

O E RY POL T CAL CO T BUT O S

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 Name (Print or Type) Lisa Saucedo

3 Employer (Print or Type) [REDACTED]

4 Date [REDACTED]

5 Full name of contributor [REDACTED]

6 Amount of contribution (\$) \$ 250.00

4 Date 4/10/19

5 Full name of contributor Christy Jack

6 out-of-state PAC (ID#) [REDACTED]

7 Amount of contribution (\$) \$ 50.00

8 Occupation / Job title Volunteer

4 Date 4/22/19

5 Full name of contributor [REDACTED]

6 Amount of contribution (\$) \$ 100.00

4 Date 4/23/19

5 Full name of contributor [REDACTED]

6 Amount of contribution (\$) \$ 200.00

FWISD

8 Occupation / Job title (See Instructions) e

9 Employer (See Instructions) Va Summersett, PLLC

4 Date [REDACTED]

5 Full name of contributor [REDACTED]

6 out-of-state PAC (ID#) [REDACTED]

7 Amount of contribution (\$) [REDACTED]

ONETARY POL T CAL CO T BUT O S

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Lisa Saucedo

3 Filer ID (Ethics Commission Filers)

\$ 50.00

4/25/19 Bobbie Linville

6 Contributor address;

City; State; Zip Code

2424 Rogers Ave Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor

City; State; Zip Code

Contributor address;

City; State; Zip Code

POLITICAL EXPENDITURES MADE
FOR POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan	Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense		on Equipment & Related Expense
Consulting Expense		Polling Expense		Travel In District
Contributions/Donations Made By	Expense	Printing Expense		Travel Out Of District
Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salary/Wages/Contract Labor		Other (enter categories not listed above)
	Local Services			

Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

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

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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