CA DI E / OFFICE OL
CA G FI A C E

C

FOR C/OH
SHEET PG 1

The C/OH Instruction Guide how to form. 1 ID (Filer) 2 Total pages filed.

MS / MRS / MR FIRST MI

Date Received

NICKNAME LAST SUFFIX

1 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (PO BOX) APT / SUITE # CITY STATE ZIP CODE

5/5/2023

Change of Address

AREA CODE PHONE NUMBER DATE BEGIN

Receipt #

Amount

Date Processed

2023

2023

NICKNAME LAST SUFFIX Date Imaged

ZIP CODE

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

21 St

8 CANDIDATE/ OFFICEHOLDER PHONE

PHONE NUMBER EXTENSION

(817) 517. 55

6 CAMPAIGN TREASURER NAME

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)

July 15 8th day before election Modified Final Report (Attach C/OH - FR)

Month Day Year

10 PERIOD

Month Day Year

AC NO 2023

AREA CODE

(817) 464.6096

9 REPORT TYPE

12 OFFICE SOUGHT (if known)

11 ELECTION

ELECTION DATE

Month Day Year

05 06

13 OFFICE

District 2

CAND DATE / OFFICEHOLDER CA PA GN FI ANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mar

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) $ —

[redacted]

$

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $

[redacted]

[redacted] that the accompanying record is true and correct and includes all information

[redacted]

required to be reported by me under Title 15, Election Code.

[redacted]

andidate or Officeholder

[redacted]

EXPENDITURE TOTALS

3 TOTAL UNITEMIZED POLITICAL EXPENDITURE $ —

4. **TOTAL POLITICAL EXPENDITURES** Ø

CONTRIBUTION BALANCE $ 650

OUTSTANDING LOAN TOTALS Ø

18 SIGNATURE

Title of officer administering oath

Revised 8 17 2020

ONE RY POLITICAL CONTR UT ONS

SCHEDULE A1

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

[redacted]

Total pages Schedule A1

[redacted]

out-of-state PAC ID#

Amount of contribution ($)

State Zip Code

The Instruction Guide plains how to complete this form.

2 FILER NAME MAR'TAYSHIA JAMES

9 Employer (See Instructions)

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor			Amount of contribution ($)
	Bob Willoughby			
03/10/23	6 Contributor address	City: FtWorth	State: TX	15.00

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC ID#
	[redacted]	

[redacted]

Revised 8-17-2020

S -

C O

19 FILER NAME

20 Filer ID (Ethics)

21 SCHEDULE SUBTOTALS
NAME OF E

		SUBTOTAL AMOUNT
		$
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
	SCHEDULE F: LOANS	$
	SCHEDULE F3: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6		
5		$
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		$
9	NDS	
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM FU	$
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	$

TO FILER

ONE RY POL T CAL CONTRIBUT 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

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

James

4 Date

5 Full name of contributor

out-of-state PAC ID

7 Amount of contribution ($)

[redacted]

City State Zip Code

[redacted]

State Zip Code

Ft. Worth TX

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID#

Amount of contribution ($)

0 /03/

James Elems

Employer (See Instructions)

Contributor address

25.00

Ft. Worth TX

[redacted]

Date

Full name of contributor

out-of-state PAC ID#

Amount of contribution ($)

Reuben James

04/26/23

Contributor address.

C

State: Zip Code

35.00

Revised 8/17/2020

O Y POLIT C L CONTRIBUT ONS

SCHEDULE A1

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

The In truction Guide explains how to complet this form.

1 Total pages Schedule A

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 ($)

'Kyiden

6 Contributor address | City | State | Zip Code

—

Ft. Worth TX.

8 Principal occupation / Job title (See instructions) | 9 Employer (See instructions)

Date | Full name of contributor | Out-of-state PAC ID# | Amount of contribution ($)

Johnetta Brookins

04/29/23 | Contributor address | City | State | Zip Code | 25.00

Worth TX

Employer (See instructions)

[redacted]

Full name of contributor | Out-of-state PAC ID# | Amount of contribution ($)

Crystal Guyden | Zip Code | 25

[redacted]

Ft Worth, TX

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date | Full name of contributor | Out-of-state PAC ID# | Amount of contribution ($)

Revised 8-17

Contributor address | City | State | Zip Code