

CA D DATE / OFF CE OL ER
CA G F ANCE REPORT

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 MS / MRS / MR FIRST MI OFFICE USE ONLY
Mrs Patricia I

NAME

NICKNAME

LAST

SUFFIX

Date Received

Pat

Carlson

4/3/2023

Date Processed

Date Imaged

4/3/2023

4/3/2023

OFFICEHOLDER 421 Forest River Ct., Fort Worth, TX. 76112

ADDRESS

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked
(817) 819-8020

6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Receipt # Amount \$
John

Carlson

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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
Patricia "Pat" Carlson

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	400.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	46,133.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the report is true and correct and includes all information required to be reported by me under Title 15, Election

Signature of Candidate or Officeholder

Please complete either option below:

AMANDA COLEMAN
MY COMMISSION
SEPTEMBER 13, 2023
132173422

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Patricia Carlson
20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is, and my date of birth is

My address is (street) (city) (state) (zip code) (country)

Executed in County, State of, on the day of (month) 20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/O

FORM C/OH
COVER SHEET PG 3

23 C/OH (Public Commission Filers)

3.		\$	
	Patricia "Pat" Carlson	\$	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	\$	SUBTOTAL AMOUNT
6.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$\$	400.00
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$\$	0.00
	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4	SCHEDULE E: LOANS		0.00
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
	SCHEDULE F2: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.		\$	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	46,133.05
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0.00

Reset Form

OPTIONAL POLITICAL CONTRIBUTIONS

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

Patricia "Pat" Carlson

4 Date	5 Full name of contributor	out-of-state PAC (ID#)	7 Amount of contribution (\$)
3-21-23	Kathryn Cosby		200.00
	6 Contributor address; City; State; Zip Code		
	4804 Brockton Ct., Fort Worth, TX. 76132		

Retired

Date	Full name of contributor	Amount of contribution (\$)
3-31-23	Mark Hanson	100.000

*Akasaka 1st Austin TV officebuilding living room

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Insurance Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officer/holder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

POLITICAL EXPENDITURES ARE FROM
PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan	Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense		Transportation Equipment & Related Expense
Consulting Expense	Gift Expense	Polling Expense		Travel In District
Contributions/Donations Made By	Gifts/Memorials Expense	Printing Expense		Travel Out Of District
Credit Card Payment				

City;

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

political contributions

THE INFORMATION GUIDE explaining how to complete this form

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

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

1 Total pages Schedule G:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Patricia "Pat" Carlson

4 Date

3-24-23

5 Payee name

Neel & Partners LLC

6 Amount (\$)

39,417.00

7 Payee address (See Categories listed at the top of this schedule)

State;

Zip Code

8601 Ice House Drive #7108, North Richland Hills, TX. 76181

Reimbursement from
political contributions
intended

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

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

(b) Description

Printing and Mailing and digital copies

**POLITICAL EXPENDITURES MADE FROM
PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

[illegible]