CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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: 8 Fpl

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mrs.
FIRST: Patricia
MI:
NICKNAME: Pat
LAST: Carlson
SUFFIX:

OFFICE USE ONLY
Date Received: 4/27/2023

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
421 Forest River Ct., Fort Worth, TX. 76112

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817)
PHONE NUMBER: 819-8020
EXTENSION:

Date Hand-delivered or Date Postmarked:
Receipt #:
Amount $: D

6 CAMPAIGN TREASURER NAME
MS / MRS / MR:
FIRST: John
MI:
Date Processed: 4/27/2023
[redacted] 4/27/2023

Carlson

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
421 Forest River Ct., Fort Worth, TX. 76112

(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817)
PHONE NUMBER: 819-8022
EXTENSION:

9 REPORT TYPE
- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Modified Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD
Month Day Year — Month Day Year

[redacted]

CAND D E / OFF CE OLDER CA G F NA 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)	$	1875.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	8201.80
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
OUTSTANDING	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		0.00

Patricia Carlson

len ection 2

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

[redacted]

2.

[redacted]

5.

[redacted]

9.

	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	0.00
12.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$	0.00
	SCHEDULE E: LOANS	$	0.00
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	0.00

[redacted]

	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$	8201.80
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	0.00

[redacted]

3

out-of-state PAC (ID#:)

[redacted]

out-of-state PAC (ID#:)

[redacted]

out-of-state PAC (ID#:)

[redacted]

out-of-state PAC (ID#:)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Patricia "Pat" Carlson

3 Filer ID (Ethics Commission Filers)

4 Date | **5** Full name of contributor | **7** Amount of contribution ($)

[redacted]

4-15-23 | Melba McDow | 200.00

[redacted]

ONETARY POL T CAL CONTR BUT ONS' SCHEDULE A1

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

out-of-state PAC (ID#:)

2 FILER NAME
Patricia "Pat" Carlson

3 Filer ID (Ethics Commission Filers)

4 Date
4-14-23

5 Full name of contributor
Susan Wright

out-of-state PAC (ID#:)

7 Amount of contribution ($)
100.00

6 Contributor address; City; State; Zip Code
5505 Override Dr., Arlington, TX. 76017

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
4-8-23

Full name of contributor
Lois Kapp

Amount of contribution ($)
100.00

Contributor address; City; State; Zip Code
4505 Blue Lake Ct., Fort Worth, TX. 76108

Principal occupation / Job title (See Instructions)
red

Employer (See Instructions)

O ETARY POL T CAL CONTR BUT ONS

SCHEDULE A1

[redacted] information is not applicable. DO NOT include this page in the report.

[redacted]

out-of-state PAC (ID#:)

[redacted]

1 Total pages Schedule A1

[redacted]

out-of-state PAC

[redacted]

out-of-state PAC

[redacted]

Patricia "Pat" Carlson

4 Date

4-15-23

5 Full name of contributor

Ruben Jimenez, Jr,

7 Amount of contribution ($)

100.00

[redacted] Contributor address: City: State: Zip Code

[redacted]

4636 Bonnell Ave., Fort Worth, TX. 76107

8 Principal occupation / Job title (See Instructions)

red

9 Employer (See Instructions)

POL TICAL EXPE DITURES ADE FRO PERSO AL FU DS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

[redacted]

1 Total pages Schedule G: 1

2 FILER NAME: Patricia "Pat" Carlson

3 Filer ID (Ethics Commission Filers)

4 Date: 4-18-23

5 Payee name: Neel and Partners

[redacted]

7 Payee address; City; State; Zip Code: 8801 Ice House Dr. #7108, NRH, TX. 76181

[redacted]

8 PURPOSE OF: Advertising

(b) Description: Voter turnout for election

[redacted]

(c)

9 Candidate / Officeholder name | Office sought | Office held

Complete ONLY if direct expenditure to benefit C/OH

[redacted]

Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
rage Expense
Gift/Awards/Memorials Expense
Legal Services
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel In District
Travel Out Of District
Other (enter a category not listed above)

4-3-23 Neel and Partners

Payee address; State; Zip Code: 8801 Ice House Dr. #7108, NRH, TX. 76181

PURPOSE OF EXPENDITURE

Description: Monthly consulting fee