CA D DATE / OFF CE OLDER
CA G F A CE REPO

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: 6

3 CANDIDATE / OFFICEHOLDER — MS / MRS / MR: Mrs — FIRST: Patricia — MI: [redacted]

OFFICE USE ONLY

NAME — NICKNAME: — LAST: Carlson — SUFFIX:

Date Received: 5/17/2023

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS — ADDRESS PO BOX; APT SUITE #; CITY; STATE; ZIP CODE: 1 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: 11 2023

Receipt # — Amount $: 0

6 CAMPAIGN TREASURER NAME — MS / MRS / MR: Mr — FIRST: John — MI: A — NICKNAME: — LAST: Carlson — SUFFIX:

Date Processed

Date Imaged: 3

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:

A REPORT TYPE [redacted] 15th day after campaign [redacted]

[redacted]

(Officeholder Only)

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)	$	1064.01
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	670.80
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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by this the _____ day of

20 _____, to certify which, witness my hand and seal of office.

Printed name of officer administering oath Title of officer administering oath

[redacted]

SUBTOTALS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Patricia "Pat" Carlson

20 Filer ID (Ethics Commission Filers)

[redacted]

5. [redacted]

[redacted]

2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1064.01
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	SCHEDULE E: LOANS	$ 0.00
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
	[redacted]	$ 0.00

[redacted]

ON- O ETARY (N-K ND) POL T CAL CONTRIBUT O S

SCHEDULE A2

[redacted]

FILER NAME
Patricia "Pat" Carlson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
	Fort Worth Republican Women	1064.01	Get out vote

POL T CAL EXPE D TURES ADE FRO PERSO AL FU S

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

[redacted]

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense.

[redacted]

Accounting/Banking
Consulting Expense
Fees
Expense
Office Overhead/Rental Expense
Polling Expense
Transportation Equipment & Related Expense
Travel In District

[redacted]

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

[redacted]

CA DIDATE / OFF CEHOLDER REPORT:

FORM C/O - F

"Pat" Carlson

3 SIGNATURE