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

FORM C/OH COVER SHEET PG 1

2 Total pages filed: 6 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. МІ MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY atricia FICE HOLDED Date Received NAME SUFFIX LAST **NICKNAME** Carlson 5/17/2023 ZIP CODE ADDRESS PO BOX; APT SUITE #, 4 CANDIDATE / 1 Forest River Ct. Fort Worth TX. 76112 **OFFICEHOLDER MAILING ADDRESS** Change of Address **EXTENSION** PHONE NUMBER AREA CODE Date Hand-delivered or Date 5 CANDIDATE/ (817 **OFFICEHOLDER** 819-8020 2023 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** John Α Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Carlson 3 ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: 7 CAMPAIGN 421 Forest River Ct., Fort Worth, TX. 76112 TREASURER **ADDRESS** (Residence or Business) **EXTENSION** PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 819-8022 817 PHONE DEPOSE THEF (Officeholder Only)

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*		E.,	Filer ID (Ethics Co	mmission Filers)
15 C/OH NAME Patricia "Pat" Carlso	าก	76	Filer ID (Ethics Co	
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 D OF REPORTING PERIOD	AY \$	0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	^{IE} \$	0.00
18 SIGNATURE	I swear, or a required to be	affirm, under penalty of perjury, that the report is true ar ereported by me under Title 15, Election	d correct and includes all information	
		Signature of Candi	date or Officehold	ler
		Please complete either option below:		

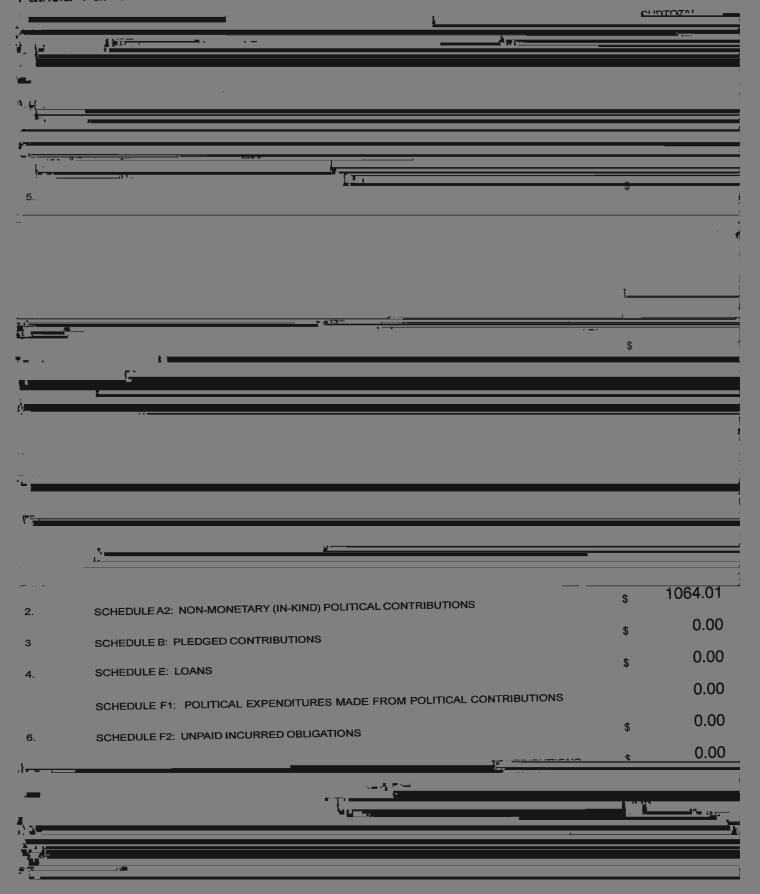
(1) Affidavit							
NOTADY CTAMP/CEAL							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by	this the	day of					
20, to certify which, witness my hand and seal of office.							
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SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)

19 FILER NAME
Patricia "Pat" Carlson



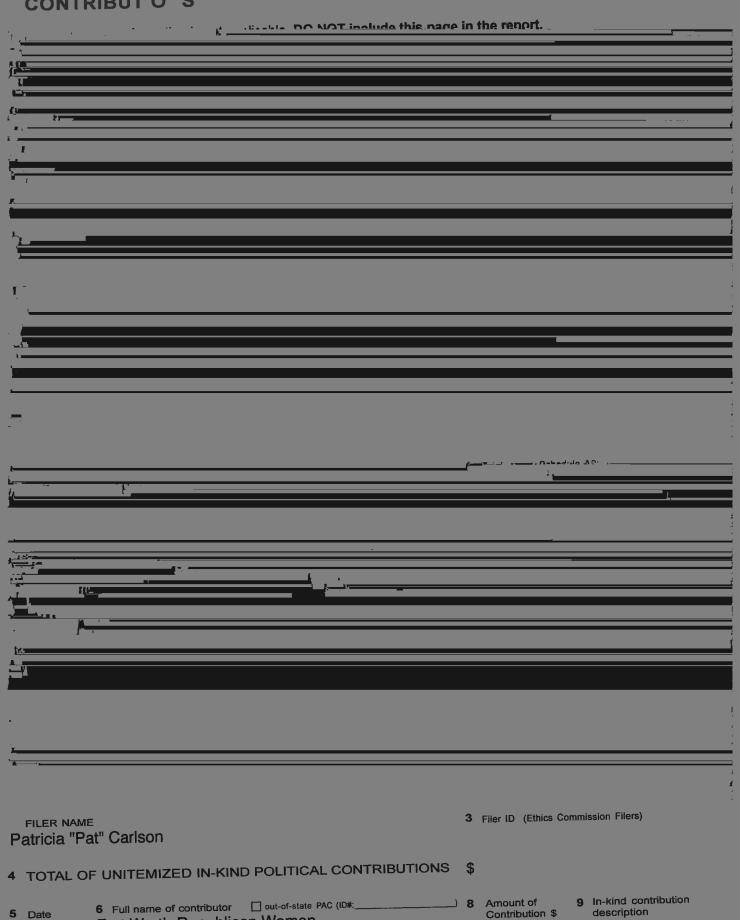
ON- O ETARY (N-K ND) POL T CAL CONTRIBUT O S

Fort Worth Republican Women

SCHEDULE A2

Get out vote

1064 01



POLT 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)



CA DIDATE / OFF CEHOLDER REPORT: LAW TYC AND ALDEDON'T "Pat" Carlson 3 SIGNATURE veceditures in connection with my candidacy.... understand that