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

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	d:
3	CANDIDATE / QFFICEHOLDER	MS / MRS / MR	FIRST		МІ	OFFICE	JSE ONLY
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. 4	NAME	NICKNAME	LAST	70140 0045	SUFFIX	Date Received / 1	0/2021
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4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2108 Yosemie	APT / SUITE #; Ct Fort Worth, 7	сіту; state; ГХ 76112-394			
	Change of Address	4DE4 00DE	DUONE NUMBER	EXTENS	RION		
5	OFFICEHOLDER PHONE	(817)	296-7721	EXIEN	31014	Date	Date Postmarked
6	CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
	TREASURER NAME	Alexis NICKNAME	LAST		SUFFIX	Date Processed	
		NIGRNAME	Jackson		30111	Date Imaged	
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO 2108 Yosemite Fort Worth, TX		SUITE #: CIT	Y:	STATE;	ZIP CODE
ì	CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION		
	TREASURER PHONE	(817)	296-7721				
9	REPORT TYPE		30th day before	efection	unoff	15th day after treasurer app	pointment
			8th day before el	ection	Modified Limit	`	(Attach C/OH - FR)
10	PERIOD	Month	Day Year		Month	Day Year	
	COVERED			THROUGH			
11	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day	Year Primary	Runoff	Other Description		

General

Special

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Eth	ics Commission Filers)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics	Commission Filers	5)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTO AMOUI	
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000.	00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4	SCHEDULE E: LOANS		^{\$} 1346.	.81
_ 5_	SCHEDULF F1 POLITICAL FXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	
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9.			\$	
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7	SCHEDULE F3: PLIRCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

7 1,			1 Total pages Schedule A1 3 Filer ID (Ethics Commission Filers)
in the second			
Date	5 Full pame of contributor	out-of-state PAG	7 Amount of contribution (\$)
	Linebarger, Gogga	an, Blair and Sampson	
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	instruction Guide ខ្នងក្រូវត្រូវព្រះ ប្រក	gy to complete this form	1
FILER NAME Date	Trobialacksontor		Amount of contribution (\$)
5/01/2020	Contributor address;	City; State; Zip Code	2,000.00
	" 100 Throokmorton	Fort Worth TX Employer (See Instr	ructions)
1957			
		out-of-state PAC (ID#	
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Contributor address;

LOANS SCHEDULE E

