# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

			<del></del>				
The C/OH Instruction	Guide explains how	to complete this fo	orm.	Filer ID (Ethics	Commission Filers)	2 Total pages fil	ed: 7
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Jacob			мı A	OFFICE	USE ONLY
NAME	NICKNAME	LAST Anderso	n	•••••	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX 301 Somerse Lewisville, TX	et Dr.	#, CITY;	STATE;	ZIP CODE		<b>8</b> 8 2023
ADDRESS Change of Address	LOWISVIIIC, 17	( 7 3 0 3 0				LISD /	Supt Ofc
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 736-7390		EXTEN	SION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST			Mi	Receipt #	Amount \$
TREASURER NAME	Mr NICKNAME	Brent			SUFFIX	Date Processed	
	NICRNAME	Hickma	n		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3917 St. Ives Lewisville, TX		APT / SUITE #;	CIT	Υ;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (972 )	PHONE NUMBER 510-3205		EXTEN	SION		
9 REPORT TYPE	January 15		y before election before election		unoff xceeded Modified	treasurer a (Officeholde	fter campaign ppointment er Only) rt (Attach C/OH - FR)
	- Louis American	and the control of th		lR	eporting Limit	ALL CONTRACTOR AND	
10 PERIOD COVERED	Month 04	Day Year   Year   23	r	THROUGH	Month 04	Day Yea 23	r
11 ELECTION	ELECTION DA	TE			ELECTION TYPE		
	Month Day 05 / 06	Year / 23 ■	Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)				SOUGHT (if known oard Place		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPL	ENDITURES MAY I	HAVE BEEN MAD	E WITHOUT THE CANE	DIDATE'S OR OFFICEHOL	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR IF SUCH EXPENDITURES.
(0)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRE	ESS				
	SPECIFIC	COMMITTEE CAMP	AIGN TREASURE	ER NAME			
		COMMITTEE CAMP	AIGN TREASUR	RER ADDRESS			
		G	O TO PAG	GE 2			

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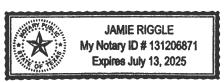
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CANDIDA	COVER SHEET PG 2	
15 C/OH NAME Jacob Anderson	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,342.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,062.45
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	3,319.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code.  Signature of Cand	idate or Officeholder

## Please complete either option below:

(1) Affidavit



NO	radv	STAMP	/ SEAL

Sworn to and subscribed before m	ne by Jacob Andi	erson	th	is the <u>28</u> 4	day of	April
20, to certify which, wit	ness my hand and seal of office.					
Signature of officer administering oath	Vamie	Riggle			Asst to	the Board
Signature of officer administering oath	Printed name of offi	icer administeri	ing oath			er administering oat
		OR				
(2) Unsworn Declaration						
My name is		, ar	nd my date of	birth is		
My address is		,	<u>-</u> -			
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of _	·	, 20	
				(month)	(year)	
			Signature of	Candidate/Of	ficeholder (De	clarant)
			0.9	04.14.440.0701		,

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### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

i	FILER NAME acob Anderson 20 Filer ID (Ethics	Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,342.01	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,062.45	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAM Jacob An			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Daphney Poole		7 Amount of contribution (\$) \$24.43
4/6/23	6 Contributor address; City; 3421 Camden Dr. Flower Mound, TX	, ,	
8 Principal of Educator	ocupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 4/6/23	Full name of contributor out-of-state PAC Scott Godbey	C (ID#:)	Amount of contribution (\$) \$24.43
	1	State; Zip Code	
Principal oc Unknown	cupation / Job title (See Instructions)	Employer (See Instruct Unknown	ions)
Date 4/6/23	Full name of contributor out-of-state PAG Karen Tarrant	C (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City; 451 S Capitol, Canton, TX 75103	State; Zip Code	
Principal od Unknown	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/6/23	Full name of contributor out-of-state PAG  Alexander Buck	C (ID#:)	Amount of contribution (\$) \$750.00
4/0/23	Contributor address; City; 806 Lake Breeze, Highland Village,	State; Zip Code 75077	,
Principal od Unknown	exupation / Job title (See Instructions)	Employer (See Instruct Unknown	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Insti		

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### **MONETARY POLITICAL CONTRIBUTIONS**

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#### SCHEDULE A1

Revised 8/17/2020

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

		1 3	•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME Jacob Ande	erson		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/23	Full name of contributor out-of-state PAC (ID#:)      Caroline Bumgarner      Contributor address; City; State; Zip Code     5150 Kensington Ct Flower Mound, TX 75022		7 Amount of contribution (\$) \$245.15
· ·		9 Employer (See Instruction Self	ons)
Date 4/14/23	Debra Greathouse	State; Zip Code, TX 79705	Amount of contribution (\$) \$98.00
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Self	ons)
Date 4/17/23	Full name of contributor out-of-state PAC (ID#:)  Mark Ehrlich  Contributor address; City; State; Zip Code  1709 Brook Ln. Flower Mound, TX 75028		Amount of contribution (\$) \$200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 4/17/23	Full name of contributor out-of-state PAC Juanita Valdez  Contributor address; City; 2200 Shenaandoah Trail, Denton, TX	State; Zip Code ( 76210	Amount of contribution (\$) \$50.00
Principal occu Unknown	pation / Job title (See Instructions)	Employer (See Instructi Unknown	ons)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NI	EEDED
1	If contributor is out-of-state PAC, please see Instru	action guide for additional re	eporting requirements.

### MONETARY 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 thi	s form.	1 Total pages Schedule A1: 3
2 FILER NAME Jacob Ande	rson		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/23	5 Full name of contributor out-of-state PAC (ID#:) LUZ Trujillo		7 Amount of contribution (\$) \$100.00
7/27/20	© Contributor address; City; 5812 Lavon Dr. Flower Mound, TX 7	State; Zip Code	
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Self	ions)
Date 4/26/23	Full name of contributor out-of-state PA Anonymous	C (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City;	State; Zip Code	
Principal occup NA	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/26/23	Full name of contributor out-of-state PAC (ID#:) Anonymous		Amount of contribution (\$) \$50.00
		State; Zip Code	
Principal occuj NA	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P/	1	Amount of contribution (\$)
4/26/23	Contributor address; City;	State; Zip Code	\$2,500.00
	P.O. Box 2246, Austin, TX 78768		
Principal oœu NA	pation / Job title (See Instructions)	Employer (See Instruction NA	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jacob Anderson		3 Filer ID (Ethio	es Commission Filers)	
4 Date 4/12/23	5 Payee name TexTen Graphics				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$377.36	6201 Technology Dr #112, Frisco, TX	75033			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/21/23	TexTen Graphics				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$685.09	6201 Technology Dr #112, Frisco, TX	75033			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Advertising Expense	Yard Signs			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	·			
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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