CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER Ashley** K Mrs NAME **Date Received** SUFFIX LAST NICKNAME Jones 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE Received 75028 **OFFICEHOLDER** 6007 Thorn Trl Flower Mound Tx **MAILING** 6 2023 **ADDRESS** Change of Address LISD / Supt Ofc AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469 444-1002 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI CAMPAIGN **TREASURER** Ashley Mrs Date Processed NAME SUFFIX LAST **NICKNAME** Date Imaged Jones STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE **CAMPAIGN** TREASURER Tx 75028 Flower Mound 6007 Thorn Trl **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN AREA CODE TREASURER PHONE 444-1002 *(* 469 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month Month COVERED 31, 2023 2023 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 23 13 OFFICE SOUGHT (If known) 12 OFFICE OFFICE HELD (if any) LISD Board of Trustees THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER ADDRESS

SCHEDULE F1

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

ii trie requesteu irii	offination is not applicable, bo not inch	de uns page in the re	iport.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prii	in Repayment/Relmbursement ce Overhead/Rental Expense ling Expense tling Expense aries/Wages/Contract Labor w to complete this form,	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ashley Jones for LISD Board of T	rustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Payee name Polibot LLC		
6 Amount (\$) 711.00	7 Payee address; 2714 Halsey Dr Flower Mound To	City; 75028	State; Zip Code
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	Solicitation Expense	Signs	
	(C) Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/18/2023	Salernos		
Amount (\$) 461.35	Payee address; 2250 FM 407 ste 130 Highland V	city; illage Tx 75077	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Fundraising Expense	Fundraiser	
	Check if travel outside of Texas, Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/22/2023	Polibot LLC		
Amount (\$) 1,961.50	Payee address; 2714 Halsey Dr Flower Mound Tx	City; (75028	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Solicitation Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Fourinment & Relate

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of District Other (enter a categ	ct lory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:		lones for LISD Board	of Trusto	ees Place 7	3 Filer ID (Ethic	s Commission Filers)
02/25/2023	Dollar T					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
5.41	2301 Cr	oss Timbers Rd Flow	er Moun	d Tx 75028		
8	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office (Overhead		Office supplies	161	
	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
02/26/2023	Vista Pr	int				
Amount (\$)	Payee a			City;	State;	Zip Code
75.77	www.vis	staprint.com				
		y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Solicita	ition Expense		Business Card	is	
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
02/23/2023	QuikTri	0				
Amount (\$)	Payee a			City;	State;	Zip Code
20.00	5301 Lo	ng Prairie Rd Flower	Mound	1x 75028		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Transpo	ortation Related Expe	nse	Gas		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	Αī	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

		EXPENDITURE CAT	TEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Loan Repar Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense vense pense /ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:		AME ones for LISD Boar	d of Trust	ees Place 7	3 Filer ID (Ethics	s Commission Filers)
4 Date 02/24/2023	5 Payee na Walmar	me				
6 Amount (\$) 118.61	7 Payee ac		lage Tx 7	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of Expense	this schedule)	(b) Description paper and ink		
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/01/2023	Tractor	Supply				
Amount (\$) 37.88	Payee at 2201 FN	dress: // 407 Bartonville Tx	76226	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of to in Expense	his schedule)	Description Sign equipme	nt	
		Check if travel outside of Texas, Comple	ete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/03/2023	Quiktrip					
Amount (\$) 25.03	Payee at 5301 Lo	^{ddress;} ng Prairie Rd Flowe	r Mound	сіty; Гх 75028	State;	Zip Code
	0:					
PURPOSE OF EXPENDITURE		or (See Categories listed at the top of the control	nis schedule)	Description Gas		
		Check if travel outside of Texas, Comple	ete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held

SCHEDULE F1

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

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I y Grift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Ordan Galar dyrron	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 8	Ashley Jones for LISD Board of True	stees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	S Payee name Walmart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
87.70	3060 Justin Rd Highland Village tx 7	75077	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	ink	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	rin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/05/2023	Quiktrip		
Amount (\$)	Payee address;	City;	State; Zip Code
20.23	5301 Long Prairie Rd Flower Mound	i Tx	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Expense	Gas	
	Check if travel outside of Texas, Complete Schedule T,	Check if Ausi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/14/2023	Polibot LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
761.00	2714 Halsey Dr Flower Mound Tx 7	5028	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Solicitation Expense	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursems Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo how to complete this forn	Transportation Equi Travel In District Travel Out Of District Other (enter a categ	pment & Related Expense		
1 Total pages Schedule F1:	2 FILER NAME Ashley Jones for LISD Board of	Trustees Place 7	,	es Commission Filers)		
4 Date 03/19/2023	5 Payee name Office Depot					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
15.14	Officedepot.com					
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Descriptio	n			
PURPOSE OF EXPENDITURE	Printing Expense	Name Bac	lge			
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check	if Austin, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	jht	Office held		
Date	Payee name	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		7		
03/19/2023	Vista Print					
Amount (\$)	Payee address;	City;	State;	Zip Code		
148.29	vistaprint.com					
	Category (See Categories listed at the top of this sch					
PURPOSE OF EXPENDITURE	Printing Expense	Business	Cards			
	Check if travel outside of Texas, Complete Sch	edule T. Check	if Austin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office soug	jht	Office held		
Date	Payee name					
03/19/2023	Walmart					
Amount (\$)	Payee address;	City;	State;	Zip Code		
56.28	3060 Justin Rd Highland Village	: IX /50//				
	Category (See Categories listed at the top of this sch					
PURPOSE OF EXPENDITURE	Printing Expense	Business (Cards			
5	Check if travel outside of Texas. Complete Sch	edule T. Check	if Austin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sou	ght	Office held		

SCHEDULE F1

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

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense F y Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not fisted above)
1 Total pages Schedule F1:	2 FILER NAME Ashley Jones for LISD Board of	Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2023	5 Payee name Walmart	11455557 14557	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
126.24	3060 Justin Rd Highland Village	Tx 75077	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF	Printing Expense	ink	
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/30/2023	Lowes		
Amount (\$)	Payee address;	City;	State; Zip Code
24.74	6200 Long Prairie Rd Flower Mo	ound Tx 75028	
	Category (See Categories listed at the top of this scho	· ·	
PURPOSE OF EXPENDITURE	Solicitation Expense	Sign equipme	ent
	Check if travel outside of Texas, Complete Sche	dute T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/29/2023	Walmart		
Amount (\$)	Payee address;	City;	State; Zip Code
128.82	3060 Justin Rd Highland Village	Tx 75077	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Printing Expense	ink	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Expense /Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Ashley Jones for LISD Place 7		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
03/26/2023	Wal Mart					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
91.40	3060 Justin Rd Highland Village Tx	75077				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Printing Expense	ink				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/25/2023	Home Depot					
Amount (\$)	Payee address;	City;	State; Zip Code			
87.82	901 N Stemmons Fwy Lewisville Tx	75067				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Solicitation Expense	Sign equipmer	nt			
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/04/2023	Paypal					
Amount (\$)	Payee address;	City;	State; Zip Code			
38.56	paypal.com					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Fees	transaction fee	s			
EXPENDITURE						
	Check if travel outside of Texas, Complete Schedule T.	ck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED			

SCHEDULE F1

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

		EXPENDITURE	CATEGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing Ex Salaries/M	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:		AME ones for LISD B	oard of Trust	ees Place 7	3 Filer ID (Ethic	s Commission Filers)
4 Date 04/03/2023	5 Payee na					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
114.53	2201 FM	407 Bartonville	Tx 76226			
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Soliciati	on Expense		Sign equipme	nt	
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name)	Office sought		Office held
Date	Payee na	me				
04/03/2023	Walmart					
Amount (\$)	Payee ad			City;	State;	Zip Code
71.40	3060 Ju	stin Rd Highland	Village Tx 7	5077		
		(See Categories listed at the	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		ink		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Aust	lin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				And the second s
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the t	op of this schedule)	Description		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nam	e	Office sought		Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	I FINANCE REPORT	
15 C/OH NAME Ashley Jones for LISE	D Board of Trustees Place 7	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)	\$ 6,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,188.70
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
(1) Affidavit	Please complete either option below: JAMIE RIGGLE My Notary ID # 131206871 Expires July 13, 2025	didate or Officeholder
_	before me by Ashley Jones this the which, witness my hand and seal of office. 234 Uamie Rigste Printed name of officer administering oath OR	Motory Public Title of officer administering oath
My name is	, and my date of birth is _	•
My address is		
Executed in	(street) (city) (st	ate) (zip code) (country), 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME shley Jones for LISD Board of Trustees Place 7	20 Filer ID (Ethics Cor	nmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,050.00
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 CO	NTRIBUTIONS	\$	5,188.70
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 FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ashely Jo	nes for LISD Board of Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
01/31/2023	6 Contributor address; City; State; Zip Code 13370 Bayfield DrFrisco Tx 75033	100.00
8 Principal occu Executive Dir	pation / Job title (See Instructions) 9 Employer (See Insertions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/31/2023	Lenea Hartoonian Contributor address; City; State; Zip Code 11043 Ruidosa LnFrisco, Tx 75033	250.00
Principal occup Networking	eation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/03/2023	Sandra Gravely Contributor address; City; State; Zip Code 12317 Redbud Ln Frisco tx 75036	20.00
Principal occup Retired	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#;) Amount of contribution (\$)
	Kathy May	
02/11/2023	Kathy May Contributor address; City; State; Zip Code	100.00
	Kathy May	100.00

SCHEDULE A1

The	Instruction Guide explains how to complet	te this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ashely Jo	nes for LISD Board of Truste	es Place 7	
4 Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7 Amount of contribution (\$)
02/12/2023	6 Contributor address; City;	State; Zip Code	500.00
	482 Sellmeyer Ln Highland	Village Tx 75077	000.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	ritions)
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
00/4/4/0000	Jean Bassinger		4 000 00
02/14/2023	Contributor address; City;	State; Zip Code	1,000.00
	210 Edgewood Dr Highland	l Village, TX 75077	.,000.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
02/40/2022	Deborah Avellano		00.00
02/19/2023	Contributor address; City;	State; Zip Code	20.00
	4507 Springtree Rd Corint	th Tx 76208	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
	Angela Hudson		
02/19/2023	Contributor address; City;	State; Zip Code	45.00
	5700 Lake District Dr unit 104 T	he Colony Tx 75056	10.00
Principal occupation / Job title (See Instructions)		Employer (See Instruc	ctions)
Banking Cen	ter Manager		

SCHEDULE A1

n me reques	ned information is not applicable, 50 Not into		oport.
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME Ashley Jo	nes for LISD Board of Trustees P	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (Christina Ogletree	ID#:)	7 Amount of contribution (\$) 50.00
02/19/2023	6 Contributor address; City; 3902 Willow Run Flower Mound	6 Contributor address; City; State; Zip Code 3902 Willow Run Flower Mound Tx 75028	
8 Principal occu project admir	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (Christopher Corbett	ID#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; 5104 Prairie Creek Dr. Flower Mound	State; Zip Code Tx 75028	75.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Self Employed		ions)	
Date	Full name of contributor out-of-state PAC (iD#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; 1841 Post Oak Ln Carrollton Tx	State; Zip Code 75007	75.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (iD#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; 13370 Bayfield Dr Frisco	State; Zip Code Tx 75033	50.00
Principal occup	pation / Job title (See Instructions) rector	Employer (See Instruct	tions)

SCHEDULE A1

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The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1: 4 of 12
2 FILER NAME Ashley Jo	nes for LISD Board of	Trustees	Place 7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Don Shields	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
02/19/2023	6 Contributor address; 3815 Cortadera Ct Fl	city; ower Mou	State; Zip Code Ind, Tx 75028	50.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Unaccounted Cash			40.00
02/19/2023	Contributor address;	City;	State; Zip Code	40.00
Principal occupation / Job title (See Instructions) Employer (See Inst		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
00/40/0000	Shawn Nelson			400.00
02/19/2023	Contributor address;	City;	State; Zip Code	100.00
	704 Live Oak Ln High	nland Villa	ge Tx 75077	
Principal occup Senior Mana	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Jackie Wakin			
02/19/2023	Contributor address;	City;	State; Zip Code	50.00
	5938 Indian Blanket I	Dr Frisco,	Tx 75036	00100
Principal occupation / Job title (See Instructions) Employer (Employer (See Instruc	ations)
Professional	Organizer			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 12
2 FILER NAME Ashley Jo	nes for LISD Board of Trustees F	Place 7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jackie Wakin		7 Amount of contribution (\$)
02/19/2023	6 Contributor address; City; 5938 Indian Blanket Dr Frisco,	State; Zip Code	5.00
8 Principal occu Professional		9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Marianna Porter	(ID#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; 3204 Dwyer Ln Flower Mound T	State; Zip Code	50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor		ons)	
Date 02/19/2023	Full name of contributor out-of-state PAC Sharon Jones	(ID#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; 3853 Baker Dr. The Colony Tx 7	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Lacey Riley		Amount of contribution (\$)
02/19/2023	Contributor address; City; 4300 Morningstar Cir Flower Mo	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Ashley Jones for LISD Board of Trustees Place 7			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Carmen Prince	(fD#:)	7 Amount of contribution (\$)
02/19/2023	6 Contributor address; City; 139 Fallkirk Dr. Coppell,	State; Zip Code Tx 75019	45.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Brad Ruthrauff	(ID#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City; State; Zip Code 3302 Pecan Meadows Dr. Flower Mound Tx 75028		100.00
Principal occup District Sales	ation / Job title (See Instructions) Manager	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/19/2023	Tammy Thigpen Contributor address; City; 482 Sellmeyer Ln Highland Villa	State; Zip Code age Tx 75077	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/19/2023	Contributor address; City;	State; Zip Code	40.00
	13370 Bayfield Dr Frisco	Tx 75033	
Principal occup Executive Dir	eation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 7 of 12				
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Lisa Beck		7 Amount of contribution (\$)	
02/19/2023	6 Contributor address; City; 14428 Chino Dr Haslet	State; Zip Code	50.00	
8 Principal occu Director of O	pation / Job title (See Instructions) Derations	9 Employer (See Instruct	iions)	
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:) Joy Preston		Amount of contribution (\$) 150.00	
	Contributor address; City; State; Zip Code 13370 Bayfield Dr Frisco Tx 75033			
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired			ions)	
Date 02/20/2023	Peyton Inge	: (ID#:)	Amount of contribution (\$) 500.00	
	Contributor address; City; 1149 Shady Oak Cir Argyle, TX	State; Zip Code	300.00	
Principal occup Realtor	nation / Job title (See Instructions)	Employer (See Instruct	iions)	
Date	te Full name of contributor out-of-state PAC (ID#:) Jena Masquelier		Amount of contribution (\$)	
02/23/2023	Contributor address; City;	State; Zip Code	100.00	
	3071 Cape Buffalo Trl Frisco, T	X 75034		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Writer			tions)	

SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7			3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2023	5 Full name of contributor out-of-state PAC (Robert Cox 6 Contributor address; City; 3001 Wood Trl Flower Mound Tr	State; Zíp Code	7 Amount of contribution (\$) 100.00
8 Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/03/2023	Patrick Baldasaro Contributor address; City; 2117 Dana Ct Flower Mound, To	State; Zip Code	Amount of contribution (\$) 200.00
Principal occup president	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/08/2023	Full name of contributor out-of-state PAC (Phil Maloney Contributor address; City; 2455 Glen Ridge Dr Highland Village	State; Zip Code	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/10/2023	Full name of contributor out-of-state PAC out-of-state PA	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	5104 Sherman Dr The Colony, Totalion / Job title (See Instructions)	FX 75056 Employer (See Instruct	ions)
			5

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 9 3 4 /2				
Ashley Jones for LISD Board of Trustees Place 7			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Lincoln Achilli	(ID#:)	7 Amount of contribution (\$)	
03/10/2023	6 Contributor address; City; State; Zip Code 3628 Copper Stone Dr Dallas, TX 75287		100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)	
03/12/2023	Contributor address; City; 3620 Huffines Blvd Apt 823 Carrolltor	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 03/12/2023	Full name of contributor out-of-state PAC out-of-state PA	(ID#:)	Amount of contribution (\$)	
03/12/2023	Contributor address; City; 5700 Lake District Dr unit 104 The Co	State; Zip Code Diony Tx 75056	25.00	
Principal occup Banking Cen	eation / Job title (See Instructions) ter Manager	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
03/16/2023	Contributor address; City;	State; Zip Code	200.00	
4507 Springtree Rd Corinth Tx 76208				
Retired	ation / Job title (See Instructions)	Employer (See Instructi	ions)	

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2 FILER NAME Ashley Jo	nes for LISD Board of Trustees	Place 7	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state for Elizabeth Hopkins	PAC (ID#:)	7 Amount of contribution (\$)		
03/18/2023	6 Contributor address; City; 2454 Chestnut Dr Little Elm, 7	State; Zip Code	10.00		
	pation / Job title (See Instructions) ment specialist	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)		
03/18/2023	Contributor address; City; State; Zip Code 1636 Lakeway Dr Little Elm, Tx 75068		200.00		
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state I	PAC (ID#:)	Amount of contribution (\$)		
03/18/2023	Candy Ross Contributor address; City; 4547 Mariner Dr Frisco	State; Zip Code Tx 75034	50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state I	PAC (ID#:)	Amount of contribution (\$)		
03/18/2023	Contributor address; City;	State; Zip Code	100.00		
3201 Walnut Grove PI Flower Mound, TX 75022					
Principal occul self employe	oation / Job title (See Instructions)	Employer (See Instruc	tions)		

if the reques	sted information is not applicable, DO NOT II	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Ashley Jo	nes for LISD Board of Trustees	Place 7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/18/2023	6 Contributor address; City; 604 Sellmeyer Ln Highland Vil	State; Zip Code lage Tx 75077	250.00
8 Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/18/2023	Dorothy Hurst Contributor address; City; 572 Sellmeyer LnHighland Villa		
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
03/18/2023	Anita Kissee Contributor address; City; State; Zip Code 111 Perkins RdKrugerville, Tx 76227		30.00
Principal occup self employed	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/18/2023	Contributor address; City; 5938 Indian Blanket Dr Frisco,	State; Zip Code Tx 75036	50.00
Principal occup Professional	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: /2 of /2
2 FILER NAME Ashley Jo	nes for LISD Board of Trustee	es Place 7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Nancy Dillard	e PAC (ID#:)	7 Amount of contribution (\$)
03/20/2023	6 Contributor address; City; 4024 Pear Ridge Dr 222 The Col	State; Zip Code	50.00
8 Principal occur retired	l pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:) Connie Hudson		Amount of contribution (\$)
03/20/2023	Contributor address; City; 5913 Carroll Dr The Colony,	100.00	
Principal occup self employe	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#:) Paul Petkoff		Amount of contribution (\$)
00/21/2020	Contributor address; City; 7914 Ruskin Cir Frisco	State; Zip Code Tx 75034	100.00
Principal occup self employe	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Candy Ross		Amount of contribution (\$)
2/12/23	Contributor address; City; 4547 Mariner Dr Fr	State; Zip Code	100.00
	pation / Job title (See Instructions) Ate Woker	Employer (See Instruc	tions)