

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs Ashley K		
	NICKNAME	LAST	SUFFIX
	Jones		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	6007 Thorn Trl Flower Mound Tx 75028		
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(469)	444-1002	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs Ashley K		
	NICKNAME	LAST	SUFFIX
	Jones		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	6007 Thorn Trl Flower Mound Tx 75028		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(469)	444-1002	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		
	1 / 31 / 2023 THROUGH 4 / 5 / 2023		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	Primary Runoff Other Description	General Special
5 / 6 / 23			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
		LISD Board of Trustees Place 7	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
Additional Pages			

GO TO PAGE 2

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 8</i>	2 FILER NAME Ashley Jones for LISD Board of Trustees 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; City; State; Zip Code 2714 Halsey Dr Flower Mound Tx 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	
	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/18/2023	Payee name Salemoss	
Amount (\$) 461.35	Payee address; City; State; Zip Code 2250 FM 407 ste 130 Highland Village Tx 75077	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	
	Description Fundraiser	
	Check 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/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/22/2023	Payee name Polibot LLC	
Amount (\$) 1,961.50	Payee address; City; State; Zip Code 2714 Halsey Dr Flower Mound Tx 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	
	Description Signs	
	Check 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/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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 of 8		2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)	
4 Date 02/25/2023		5 Payee name Dollar Tree			
6 Amount (\$) 5.41		7 Payee address; City; State; Zip Code 2301 Cross Timbers Rd Flower Mound Tx 75028			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Office supplies		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 02/26/2023		Payee name Vista Print			
Amount (\$) 75.77		Payee address; City; State; Zip Code www.vistaprint.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description Business Cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 02/23/2023		Payee name QuikTrip			
Amount (\$) 20.00		Payee address; City; State; Zip Code 5301 Long Prairie Rd Flower Mound Tx 75028			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Related Expense		Description Gas		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 8	2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2023	5 Payee name Walmart	
6 Amount (\$) 118.61	7 Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	
	(b) Description paper and ink	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/01/2023	Payee name Tractor Supply	
Amount (\$) 37.88	Payee address; City; State; Zip Code 2201 FM 407 Bartonville Tx 76226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	
	Description Sign equipment	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/03/2023	Payee name Quiktrip	
Amount (\$) 25.03	Payee address; City; State; Zip Code 5301 Long Prairie Rd Flower Mound Tx 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	
	Description Gas	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4 of 8		2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)	
4 Date 03/03/2023		5 Payee name Walmart			
6 Amount (\$) 87.70		7 Payee address; City; State; Zip Code 3060 Justin Rd Highland Village tx 75077			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description ink		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/05/2023		Payee name Quiktrip			
Amount (\$) 20.23		Payee address; City; State; Zip Code 5301 Long Prairie Rd Flower Mound Tx			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense		Description Gas		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/14/2023		Payee name Polibot LLC			
Amount (\$) 761.00		Payee address; City; State; Zip Code 2714 Halsey Dr Flower Mound Tx 75028			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description Signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5 of 8		2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2023		5 Payee name Office Depot			
6 Amount (\$) 15.14		7 Payee address; City; State; Zip Code Officedepot.com			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Name Badge		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/19/2023		Payee name Vista Print			
Amount (\$) 148.29		Payee address; City; State; Zip Code vistaprint.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Business Cards		
	Check 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/OH					
Date 03/19/2023		Payee name Walmart			
Amount (\$) 56.28		Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Business Cards		
	Check 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/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6 of 8		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			
6 Amount (\$) 126.24		7 Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description ink	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/30/2023		Payee name Lowes			
Amount (\$) 24.74		Payee address; City; State; Zip Code 6200 Long Prairie Rd Flower Mound Tx 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation Expense		Description Sign equipment	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/29/2023		Payee name Walmart			
Amount (\$) 128.82		Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description ink	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7 of 8		2 FILER NAME Ashley Jones for LISD Place 7		3 Filer ID (Ethics Commission Filers)	
4 Date 03/26/2023		5 Payee name Wal Mart			
6 Amount (\$) 91.40		7 Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description ink		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/25/2023		Payee name Home Depot			
Amount (\$) 87.82		Payee address; City; State; Zip Code 901 N Stemmons Fwy Lewisville Tx 75067			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description Sign equipment		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/04/2023		Payee name Paypal			
Amount (\$) 38.56		Payee address; City; State; Zip Code paypal.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description transaction fees		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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
Credit Card Payment

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: 8 of 8		2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/2023		5 Payee name Tractor Supply			
6 Amount (\$) 114.53		7 Payee address; City; State; Zip Code 2201 FM 407 Bartonville Tx 76226			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense		(b) Description Sign equipment		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/03/2023		Payee name Walmart			
Amount (\$) 71.40		Payee address; City; State; Zip Code 3060 Justin Rd Highland Village Tx 75077			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description ink		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living 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 Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	


ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

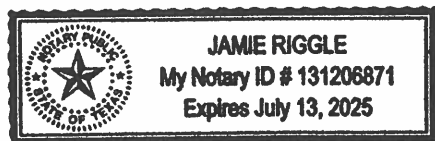
15 C/OH NAME Ashley Jones for LISD Board of Trustees Place 7		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ashley Jones this the 6th day of April, 20 23, to certify which, witness my hand and seal of office.

Jamie Riggle Jamie Riggle Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 12
2 FILER NAME Ashely Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Melinda Preston 6 Contributor address; City; State; Zip Code 13370 Bayfield DrFrisco Tx 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions)
Date 01/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Lenea Hartoonian Contributor address; City; State; Zip Code 11043 Ruidosa LnFrisco, Tx 75033	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Networking		Employer (See Instructions)
Date 02/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandra Gravely Contributor address; City; State; Zip Code 12317 Redbud Ln Frisco tx 75036	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Kathy May Contributor address; City; State; Zip Code 1846 Pearson Crossing Keller Tx 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)

If contributor is out-of-state PAC, please see instruction guide for additional reporting 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 this form.		1 Total pages Schedule A1: 2 of 12
2 FILER NAME Ashely Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Tammy Thigpen 6 Contributor address; City; State; Zip Code 482 Sellmeyer Ln Highland Village Tx 75077	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Jean Bassinger Contributor address; City; State; Zip Code 210 Edgewood Dr Highland Village, TX 75077	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Deborah Avellano Contributor address; City; State; Zip Code 4507 Springtree Rd Corinth Tx 76208	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Angela Hudson Contributor address; City; State; Zip Code 5700 Lake District Dr unit 104 The Colony Tx 75056	Amount of contribution (\$) 45.00
Principal occupation / Job title (See Instructions) Banking Center Manager		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting 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 this form.		1 Total pages Schedule A1: 3 of 12
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Christina Ogletree 6 Contributor address; City; State; Zip Code 3902 Willow Run Flower Mound Tx 75028	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) project administrator		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Christopher Corbett Contributor address; City; State; Zip Code 5104 Prairie Creek Dr. Flower Mound Tx 75028	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Cyndi Hyltin Contributor address; City; State; Zip Code 1841 Post Oak Ln Carrollton Tx 75007	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Melinda Preston Contributor address; City; State; Zip Code 13370 Bayfield Dr Frisco Tx 75033	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
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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 this form.		1 Total pages Schedule A1: 4 of 12
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor Don Shields out-of-state PAC (ID#: 6 Contributor address; 3815 Cortadera Ct Flower Mound, Tx 75028 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor Unaccounted Cash out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor Shawn Nelson out-of-state PAC (ID#: Contributor address; 704 Live Oak Ln Highland Village Tx 75077 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions)
Date 02/19/2023	Full name of contributor Jackie Wakin out-of-state PAC (ID#: Contributor address; 5938 Indian Blanket Dr Frisco, Tx 75036 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Professional Organizer		Employer (See Instructions)
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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 this form.		1 Total pages Schedule A1: 5 of 12
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: Jackie Wakin 6 Contributor address; City; State; Zip Code 5938 Indian Blanket Dr Frisco, Tx 75036	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Professional Organizer		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: Marianna Porter Contributor address; City; State; Zip Code 3204 Dwyer Ln Flower Mound Tx 75022	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: Sharon Jones Contributor address; City; State; Zip Code 3853 Baker Dr. The Colony Tx 75056	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: Lacey Riley Contributor address; City; State; Zip Code 4300 Morningstar Cir Flower Mound tx 75028	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
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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 this form.		1 Total pages Schedule A1: <i>6 of 12</i>
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Carmen Prince 6 Contributor address; City; State; Zip Code 139 Fallkirk Dr. Coppell, Tx 75019	7 Amount of contribution (\$) 45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Brad Ruthrauff Contributor address; City; State; Zip Code 3302 Pecan Meadows Dr. Flower Mound Tx 75028	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) District Sales Manager		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Tammy Thigpen Contributor address; City; State; Zip Code 482 Sellmeyer Ln Highland Village Tx 75077	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Melinda Preston Contributor address; City; State; Zip Code 13370 Bayfield Dr Frisco Tx 75033	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
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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 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 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Beck 6 Contributor address; City; State; Zip Code 14428 Chino Dr Haslet Tx 76052	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Joy Preston Contributor address; City; State; Zip Code 13370 Bayfield Dr Frisco Tx 75033	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Peyton Inge Contributor address; City; State; Zip Code 1149 Shady Oak Cir Argyle, TX 76226	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Jena Masquelier Contributor address; City; State; Zip Code 3071 Cape Buffalo Trl Frisco, TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
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1 Total pages Schedule A1:

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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 (ID#: _____)

Robert Cox

6 Contributor address;

City;

State;

Zip Code

3001 Wood Trl Flower Mound Tx 75022

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Patrick Baldasaro

Contributor address;

City;

State;

Zip Code

2117 Dana Ct Flower Mound, TX 75028

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

president

Employer (See Instructions)

Date

03/08/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Phil Maloney

Contributor address;

City;

State;

Zip Code

2455 Glen Ridge Dr Highland Village, TX 75077

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/10/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Janet Gadd

Contributor address;

City;

State;

Zip Code

5104 Sherman Dr The Colony, TX 75056

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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 this form.

1 Total pages Schedule A1:

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2 FILER NAME

Ashley Jones for LISD Board of Trustees Place 7

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lincoln Achilli

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3628 Copper Stone Dr Dallas, TX 75287

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/12/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Steve Brown

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3620 Huffines Blvd Apt 823 Carrollton, TX 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/12/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Angela Hudson

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

5700 Lake District Dr unit 104 The Colony Tx 75056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Banking Center Manager

Date

03/16/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Deborah Avellano

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

4507 Springtree Rd Corinth Tx 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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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 this form.		1 Total pages Schedule A1: 10 of 12
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	5 Full name of contributor out-of-state PAC (ID#: Elizabeth Hopkins 6 Contributor address; City; State; Zip Code 2454 Chestnut Dr Little Elm, TX 75068	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) window treatment specialist		9 Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Terry Gooch Contributor address; City; State; Zip Code 1636 Lakeway Dr Little Elm, Tx 75068	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Candy Ross Contributor address; City; State; Zip Code 4547 Mariner Dr Frisco Tx 75034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Vince Gallo Contributor address; City; State; Zip Code 3201 Walnut Grove Pl Flower Mound, TX 75022	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
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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 this form.		1 Total pages Schedule A1: <i>11 of 12</i>
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rhonda Hurst 6 Contributor address; City; State; Zip Code 604 Sellmeyer Ln Highland Village Tx 75077	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Dorothy Hurst Contributor address; City; State; Zip Code 572 Sellmeyer Ln Highland Village, Tx 75077	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Anita Kisse Contributor address; City; State; Zip Code 111 Perkins Rd Krugerville, Tx 76227	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Jackie Wakin Contributor address; City; State; Zip Code 5938 Indian Blanket Dr Frisco, Tx 75036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Professional Organizer		Employer (See Instructions)
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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 this form.		1 Total pages Schedule A1: 12 of 12
2 FILER NAME Ashley Jones for LISD Board of Trustees Place 7		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Nancy Dillard 6 Contributor address; City; State; Zip Code 4024 Pear Ridge Dr 222 The Colony, TX 75056	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Connie Hudson Contributor address; City; State; Zip Code 5913 Carroll Dr The Colony, TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Paul Petkoff Contributor address; City; State; Zip Code 7914 Ruskin Cir Frisco Tx 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 2/12/23	Full name of contributor out-of-state PAC (ID#: _____) Candy Ross Contributor address; City; State; Zip Code 4547 Mariner Dr Frisco Tx 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions)
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