

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**


**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:

28

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>JARED</u>	MI <u>T.</u>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <u>SLOANE</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <u>4237 GEDDES AVE, FORT WORTH, TX 76107</u>	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(817)</u>	PHONE NUMBER <u>688 9833</u>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>ROXANNE</u>	MI			
	NICKNAME	LAST <u>LANEY</u>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <u>1605 CATALINA BAY CT, GRANBURY</u>		CITY;	STATE;	ZIP CODE	
	8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(817)</u>	PHONE NUMBER <u>229-8511</u>	EXTENSION		
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 <u>02</u>	Day <u>10</u>	Year <u>2021</u>	THROUGH	Month <u>03</u> / Day <u>22</u> / Year <u>2021</u>	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month <u>05</u>	Day <u>01</u>	Year <u>2021</u>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
			<u>FORT WORTH CITY COUNCIL DISTRICT 9</u>			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.					
	<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>JARED T. SLOANE</b>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,010
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,335.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,674.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

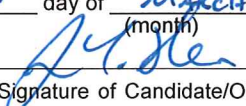
OR

**(2) Unsworn Declaration**

My name is JARED SLOANE, and my date of birth is MAY 30<sup>TH</sup> 1984.

My address is 4237 GODES AVE, FORT WORTH, TX, 76107, USA.  
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 30 day of MARCH, 20 21.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>JARED T. SLOANE</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,760
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,250
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,600
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,128.93
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 18,106.96
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JASON ELLIS</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>949 BETHANY CT BURELSON TX 76028</b>		
8 Principal occupation / Job title (See Instructions) <b>BANKER / PRESIDENT</b>		9 Employer (See Instructions) <b>SUSSEX BANK</b>
Date <b>2/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT WHEATLEY</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>4001 HILDING CT, FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY / PARTNER</b>		Employer (See Instructions) <b>JACKSON WALKER LLP</b>
Date <b>2/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSH LINDSAY</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2238 MISTLETOE BLVD FORT WORTH, TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYED</b>		Employer (See Instructions)
Date <b>2/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ZACHARY SLOANE</b>	Amount of contribution (\$) <b>\$1,500.00</b>
Contributor address; City; State; Zip Code <b>151 N SPRAGUE AVE PITTSBURGH PA 15202</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		Employer (See Instructions) <b>COMPUTER ENTERPRISES INC.</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



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2 FILER NAME <b>JARED T SCONE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/19/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM PROVENCER</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>79001 WEST DEERWOOD DR. PALOS PARK, IL 60464</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>2/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRYAN ROSENSTRUCH</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>1111 HERMANN DR 17E HOUSTON TX 77004</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>COMMTRADIS</b>
Date <b>3/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PETER HERMOSA</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1020 BAY AREA BLVD, STE 200, HOUSTON TX 77058</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>TEXAS LAW SHIELD LLC</b>
Date <b>3/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL SHEDD</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1132 S ADAMS ST, FORTWORTH TX 76104</b>		
Principal occupation / Job title (See Instructions) <b>POLICE OFFICER</b>		Employer (See Instructions)

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2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/2/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY ANFIN</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
	6 Contributor address; City; State; Zip Code <b>7020 CASTLE CREEK CT FORT WORTH, TX 76132</b>	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>3/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS JOHNSON</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
	Contributor address; City; State; Zip Code <b>9106 CALVERTON TERRACE PICKERINGTON OH 43147</b>	
Principal occupation / Job title (See Instructions) <b>MANAGER</b>		Employer (See Instructions) <b>AEP</b>
Date <b>3/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMAR MICKENS</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>10236 PAINTBRUSH DR. FORT WORTH, TX 76244</b>	
Principal occupation / Job title (See Instructions) <b>COMMERCIAL LENDER</b>		Employer (See Instructions) <b>WELLS FARGO</b>
Date <b>3/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREGG NEMUDA</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>501 CREEKSIDE CT CRANBERRY TOWNSHIP PA 16066</b>	
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>EG CONLEY PC</b>

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2 FILER NAME <b>JARED T. SCOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN AINSWORTH</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>3966 ANGUS DR. FORT WORTH, TX 76116</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>KIMLEY-HORN</b>
Date <b>3/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOLLY HANSEY</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3413 W. 4TH ST FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>PROGRAM MANAGER</b>		Employer (See Instructions) <b>TEXAS HEALTH</b>
Date <b>3/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAMILLE KOVACH</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1057 REIDAK DR. HARRISON CITY, PA 15636</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARBARA RADER</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>3600 ASHLAND AVE, FORT WORTH, TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/6/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KRISTEN SELF</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>6284 WEST WELLINGTON WAY MCCORDSVILLE IN 46055</b>		
8 Principal occupation / Job title (See Instructions) <b>CAMPAIGN CONSULTANT</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>3/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN COLOS</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>8454 FERN LAKE CT FORT WORTH, TX 76137</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JULIA PILAND</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>1908 ROYALWOOD ARLINGTON TX 76006</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>THE PILAND GROUP INC</b>
Date <b>3/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAMELA CANNELL</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2330 MISTLETOE DR. FORT WORTH TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>NON PROFIT MANAGEMENT</b>		Employer (See Instructions) <b>BOARDBUILD</b>

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4 Date <b>3/9/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHAD SEAVERNUS</b>	7 Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>13151 NORTH 102ND PL SCOTTSDALE AZ 85260</b>		
8 Principal occupation / Job title (See Instructions) <b>COO</b>		9 Employer (See Instructions) <b>GEARFIRE</b>
Date <b>3/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADAM STONE</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1861 BROWN BOULEVARD ARLINGTON TX 76006</b>		
Principal occupation / Job title (See Instructions) <b>FINANCE</b>		Employer (See Instructions) <b>THRIVENT</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTOPHER LANEY</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4000 HULEN PLACE 259 FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>BAE SYSTEMS</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HENRY YACEK</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5000 BUS WHITE DR. RICHMOND KY 40475</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>POINT OF IMPACT</b>

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4 Date <b>3/3/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROXANNE LANEY</b>	7 Amount of contribution (\$) <b>\$ 6,000.00</b>
6 Contributor address; City; State; Zip Code <b>1605 CATALINA BAY CT GRANBURY TX 76048</b>		
8 Principal occupation / Job title (See Instructions) <b>ENTREPRENEUR</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>3/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIA WOLLMAN</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>500 THROCKMORTON UNIT 1307 FORT WORTH TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID M. BOGDAN</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>11611 CLEMATIS BLVD PITTSBURGH PA 15235</b>		
Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>		Employer (See Instructions) <b>LAMI - GRUBB ARCHITECTS</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY ANN GILLETTE</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Contributor address; City; State; Zip Code <b>31848 SHELL LANDING WAY, LEWES, DE 19958</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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4 Date <b>3/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN DE CORTE</b>	7 Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>9142 FRENCHMANS CREEK DR. PHOENIX, NY 13135</b>		
8 Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		9 Employer (See Instructions) <b>THE KINSLEY GROUP</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KORY FLAHERTY</b>	Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4370 MOUNT ROYAL BLVD ALVISON PARK, PA 15701</b>		
Principal occupation / Job title (See Instructions) <b>PROJECT MANAGER</b>		Employer (See Instructions) <b>OKTA</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID DEVENY</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>206 SOUTHVIEW RD ALEDO TX 76008</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions) <b>SELA</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL HERROW</b>	Amount of contribution (\$) <b>\$ 50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1936 DARTMOOR COURT, FORT WORTH, TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>HAPPY STATE BANK</b>

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4 Date <b>3/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTINE CHRISTOFF</b>	7 Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>13091 SHORELINE DR. SE OAKLA WA 98859</b>		
8 Principal occupation / Job title (See Instructions) <b>BANKER</b>		9 Employer (See Instructions) <b>HUME STREET BANK</b>
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RONALD GOLDMAN</b>	Amount of contribution (\$) <b>\$180.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1980 HULEN ST FORT WORTH TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARNOLD GLICHMAN</b>	Amount of contribution (\$) <b>\$1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1229 SHADY CREEK LN, FORT WORTH, TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>CHAIRMAN</b>		Employer (See Instructions) <b>GAMTEX INDUSTRIES</b>
Date <b>3/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAMANTHA WOOD</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4616 BIRCHMAN AVE FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>GIS</b>		Employer (See Instructions) <b>ODG</b>

**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: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIRK DRIVER</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>4201 WINFIELD AVE. FORT WORTH TX 76109</b>		
8 Principal occupation / Job title (See Instructions) <b>POLICE CAPTAIN</b>		9 Employer (See Instructions) <b>CITY OF FORT WORTH</b>
Date <b>3/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM FAIRLEY</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>1969 LIPSCOMB ST FORT WORTH TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>FINANCIAL ADVISOR</b>		Employer (See Instructions) <b>FAIRLEY WEALTH MANAGEMENT</b>
Date <b>3/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL PICKLE</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>4225 LOCE AVE FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>SR. BUSINESS PROCESS ANALYST</b>		Employer (See Instructions) <b>CITY OF FORT WORTH</b>
Date <b>3/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AARON BIRD</b>	Amount of contribution (\$) <b>\$ 75.00</b>
Contributor address; City; State; Zip Code <b>3617 FENTON AVE FORT WORTH TX 76133</b>		
Principal occupation / Job title (See Instructions) <b>SR. BUSINESS ANALYST</b>		Employer (See Instructions) <b>MID STATES DISTRIBUTING</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/13/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID LANENDER</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
	6 Contributor address; City; State; Zip Code <b>3212 STONEHENG DR. EAST STRANDBURG PA 18301</b>	
8 Principal occupation / Job title (See Instructions) <b>MUSICIAN</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>3/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ED ARRIGHI</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>16500 WESTHEIMER PKWY / HOUSTON TX 77002</b>	
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF</b>
Date <b>3/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID CALVIN</b>	Amount of contribution (\$) <b>\$ 250.00</b>
	Contributor address; City; State; Zip Code <b>6468 EAST COX DR. BLOOMINGTON IN 47408</b>	
Principal occupation / Job title (See Instructions) <b>BATTALION CHIEF</b>		Employer (See Instructions) <b>MONROE FIRE PROTECTION DISTRICT</b>
Date <b>3/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEVIN VON ATZIGEN</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>3925 BUENA VISTA UNIT C DALLAS TX 76204</b>	
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>UMB BANK</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SCANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT EARLY</b>	7 Amount of contribution (\$) <b>\$ 75.00</b>
	6 Contributor address; City; State; Zip Code <b>4009 RYERS AVE FORT WORTH TX 76102</b>	
8 Principal occupation / Job title (See Instructions) <b>SENIOR PROJECT MANAGER</b>		9 Employer (See Instructions) <b>TEXAS HEALTH RESOURCES</b>
Date <b>3/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL KEMPFER</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>3351 WELLESLEY POINT NW MARIETTA GA 30064</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DUSTY LEWIS</b>	Amount of contribution (\$) <b>\$ 50.00</b>
	Contributor address; City; State; Zip Code <b>1206 LIMESTONE CREEK DR. KELLER TX 76248</b>	
Principal occupation / Job title (See Instructions) <b>PRIVATE BANKER</b>		Employer (See Instructions) <b>WELLS FARGO</b>
Date <b>3/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUZANNE McCABE</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>3207 WEST PENN ST. PHILADELPHIA PA 19129</b>	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SCANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK PHILPOT</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>2208 HARRISON AVE FORT WORTH 76110</b>		
8 Principal occupation / Job title (See Instructions) <b>REAL ESTATE</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M. CHARL UNELL</b>	Amount of contribution (\$) <b>\$ 150.00</b>
Contributor address; City; State; Zip Code <b>6712 BRANCH CREEK DR. FORT WORTH TX 76132</b>		
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>TRYTON FCU CONSTRUCTION SERVICES</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ZACH SNOW</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>11 SUNSET HILL RD BETHEL CT 06801</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS DEVELOPMENT</b>		Employer (See Instructions) <b>NSSF</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPH RADANOVICH</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>501 EAST AUDUBON DR. BLOOMINGTON IN 47408</b>		
Principal occupation / Job title (See Instructions) <b>FIRE FIGHTER</b>		Employer (See Instructions) <b>CITY OF BLOOMINGTON</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>T.Y. STIMPSON</b>	7 Amount of contribution (\$) <b>\$ 50.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4113 RIDGLEA COUNTRY CLUB DR. BENBROOK TX 76126</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>TARRANT COUNTY</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAN ELDRIDGE</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>95070 CHANDELLO CT NAPERVILLE IL 60564</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NEIL BARROW</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5440 VOLDER DR. FORT WORTH TX 76114</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions) <b>WHITLEY PENN</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NEIL SLOANE</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>136 HICKS STREET 1A BROOKLYN NY 11201</b>		
Principal occupation / Job title (See Instructions) <b>JOURNALIST</b>		Employer (See Instructions) <b>NY POST</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WESLEY GENTLE</b>	7 Amount of contribution (\$) <b>\$ 50.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1054 W. ALLEN AVE FORT WORTH TX 76110</b>		
8 Principal occupation / Job title (See Instructions) <b>FUNDRAISING AND COMMUNICATIONS</b>		9 Employer (See Instructions) <b>ARTS COUNCIL OF FORT WORTH AND TARRANT COUNTY TX</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD MAYES</b>	Amount of contribution (\$) <b>\$ 10.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5225 BLUE VALLEY CT FORT WORTH TX 76112</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVE BROCK</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>PO BOX 672 FORT WORTH TX 76101</b>		
Principal occupation / Job title (See Instructions) <b>HEALTH CARE</b>		Employer (See Instructions) <b>DCUB PARTNERS LLC</b>
Date <b>3/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE WILSON</b>	Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2704 WOODSHIRE DR. FORT WORTH TX 76016</b>		
Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		Employer (See Instructions) <b>CORE-MARK INTERNATIONAL</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK MADDOCK</b>	7 Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>2708 WHISPERING TRAIL CIRCLE ARLINGTON TX 76013</b>	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>3/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL WARD</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2300 HILLCREST ST. FORT WORTH TX 76107</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROSALINDA MARIKAR</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>8033 BUFFALO BEND CT, FORT WORTH TX 76137</b>	
Principal occupation / Job title (See Instructions) <b>MANAGER</b>		Employer (See Instructions) <b>CLIFTON CARSON ALLEN</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>	
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>4,250</b>	
5 Date <b>3/1/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COLEMAN ANDERSON</b>	8 Amount of Contribution \$ <b>4,250</b>	9 In-kind contribution description <b>VIDEOGRAPHY PRODUCTION</b>
7 Contributor address; City; State; Zip Code <b>9832 MULLINS CROSSING FORT WORTH TX 76126</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>PRODUCER</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>EC FILMS</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>JARED T. SLOANE</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <del>2,600</del> <sup>575</sup> <sub>3/29/21</sub>
5 Date of loan <b>2/10/21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JARED T. SLOANE</b>	9 Loan Amount (\$) <b>\$ 100.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  <b>4237 GEDDES AVE FORT WORTH TX 76107</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		13 Employer (See Instructions) <b>SUNDANCE SKY LLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <b>2/10/21</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JARED T. SLOANE</b>	Loan Amount (\$) <b>2,500</b>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code  <b>4237 GEDDES AVE FORT WORTH TX 76107</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>DIRECTOR</b>		Employer (See Instructions) <b>SUNDANCE SKY LLC</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>JARED T. SLOANE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/8/21</b>	<b>5</b> Payee name <b>PRITCHETT CAMPAIGN STRATEGIES</b>	
<b>6</b> Amount (\$) <b>2,500</b>	<b>7</b> Payee address; City; State; Zip Code <b>6836 BRANTS LANG FORT WORTH TX 76116</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN STRATEGY CONSULTING</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>3/8/21</b>	Payee name <b>TARGET</b>		
Amount (\$) <b>12.49</b>	Payee address; City; State; Zip Code <b>8917 TEHAMA RIDGE PKWY FORT WORTH TX 76177</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>EVENT MATERIALS FOR CANVASSING</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/8/21</b>	Payee name <b>THE HOME DEPOT</b>		
Amount (\$) <b>155.99</b>	Payee address; City; State; Zip Code <b>7100 NORTH FWY FORT WORTH TX 76137</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGN POSTS FOR ROAD SIGNAGE</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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: <b>3</b>	2 FILER NAME <b>JARED T. SLOANE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/15/21</b>	5 Payee name <b>UPSTREAM COMMUNICATIONS</b>	
6 Amount (\$) <b>3353.13</b>	7 Payee address; City; State; Zip Code <b>5501 BALCONES DR. STE 4315 AUSTIN TX 78731</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>DIGITAL MARKETING EXPENSE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/16/21</b>	Payee name <b>THE HOME DEPOT</b>	
Amount (\$) <b>38.62</b>	Payee address; City; State; Zip Code <b>2950 SOUTH FLY FORT WORTH TX 76134</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING <sup>3/15/21</sup> EVENT EXPENSE</b>	Description <b>SIGN POSTS FOR ROAD SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/17/21</b>	Payee name <b>HARLAND CLARKE</b>	
Amount (\$) <b>21.55</b>	Payee address; City; State; Zip Code <b>15955 LA CANTERA PARKWAY SAN ANTONIO TX 78256</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>CHECKS FOR CAMPAIGN EXPENSES</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>JARED T. SLOANE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/19/21</b>	<b>5</b> Payee name <b>STAPLES</b>	
<b>6</b> Amount (\$) <b>16.54</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 SOUTH UNIVERSITY DR. FORT WORTH TX 76107</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	<b>(b)</b> Description <b>PENS, CLIPBOARDS, PAPER</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>3/19/21</b>	Payee name <b>CONSTANT CONTACT</b>	
Amount (\$) <b>21.32</b>	Payee address; City; State; Zip Code <b>1601 TRAPLO RD WALTHAM MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>EMAIL SERVICES</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>3/22</b>	Payee name <b>STAPLES</b>	
Amount (\$) <b>9.29</b>	Payee address; City; State; Zip Code <b>1600 SOUTH UNIVERSITY DR. FORT WORTH TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CLIPBOARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>JARED T. SLOANE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <b>2/10/21</b>	<b>6</b> Payee name <b>PRITCHETT CAMPAIGN STRATEGIES</b>	
<b>7</b> Amount (\$) <b>2,430.<sup>22</sup></b>	<b>8</b> Payee address; City; State; Zip Code <b>6836 BRANTS LANE FORT WORTH TX 76116</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	<b>(b)</b> Description <b>ARRANGEMENT + PRINTING OF LOGO AND BUSINESS CARDS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date <b>3/15/21</b>	Payee name <b>WHITE TREE PRINTING</b>	
Amount (\$) <b>925.<sup>03</sup></b>	Payee address; City; State; Zip Code <b>PO BOX 26512 BENBROOK TX 76126</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>T-SHIRTS, MASKS, AND POSTCARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>JARED T SCONE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <b>3/18/21</b>	<b>6</b> Payee name <b>WHITE TREE PRINTING</b>	
<b>7</b> Amount (\$) <b>75.73</b>	<b>8</b> Payee address; City; State; Zip Code <b>PO BOX 26512 BENBROOK TX 76126</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>MAGNET SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date <b>3/16/21</b>	Payee name <b>UPSTREAM COMMUNICATIONS</b>	
Amount (\$) <b>4,124.00</b>	Payee address; City; State; Zip Code <b>5501 BALCONES DR STE A #315 AUSTIN TX 78731</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>DIGITAL + MOBILE ADVERTISING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>JARED T. SLOANE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <b>3/5/21</b>	<b>6</b> Payee name <b>AARON THOMAS + ASSOCIATES</b>	
<b>7</b> Amount (\$) <b>3,423.00</b>	<b>8</b> Payee address; City; State; Zip Code <b>21344 SUPERIOR ST. CITATSWORTH CA 91311</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>POLITICAL YARD SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>3/3/21</b>	Payee name <b>JEFFREY CHANTA</b>		
Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>4101 PING DR. MANFIELD TX 76063</b>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SALARIES / CONTRACT LABOR</b>	Description <b>ONE MONTH CONTRACT LABOR</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>JARED T. SLOANE</u>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <u>2/09/21</u>	<b>5</b> Payee name <u>CITY OF FORT WORTH</u>
---------------------------------	--

<b>6</b> Amount (\$) <u>100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>200 TEXAS ST FORT WORTH TX 76102</u>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>EGGS</u>	<b>(b)</b> Description <u>FILING FEE</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/03</u>	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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