

**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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Jason
NICKNAME LAST SUFFIX
Ellis

OFFICE USE ONLY

Date Received

CSO REC'D
APR 6 '23 PM 2:33

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3408 Dalhart DR
Fort Worth, TX 76179

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 566-3403

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Kara
NICKNAME LAST SUFFIX
Thomas

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3408 Dalhart DR
Fort Worth, TX 76179

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(682) 766-3012

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 23 THROUGH 03 / 27 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 06 / 23 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
City Council D#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.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

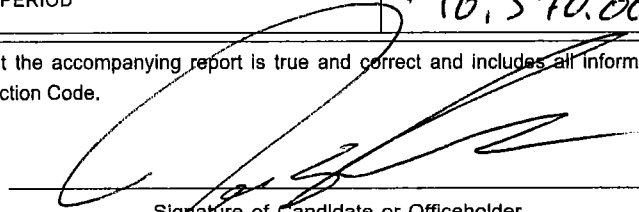
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)	\$ 3,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,057.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,463.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,570.00

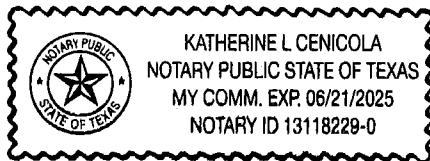
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jason Ellis this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Katherine Cenicola Katherine Cenicola Coordinator
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 16,570.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,057.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 4
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Armstrong	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 206 Prairie View St Red Oak, TX 75154		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyndy McCoy	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 233 Verna Trail W Fort Worth, TX 76105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Teitelbaum	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 556 Trailrider Rd Fort Worth, TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Johnson	Amount of contribution (\$) \$ 125.00
Contributor address; City; State; Zip Code 1235 Cavender DR Hurst, TX 76053		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Wiseman	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 2424 Colonial Parkway Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 02/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June St. Debraht Steven	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 6913 Bentspur Dr Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Auger	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 5955 Starboardway DR Fort Worth, TX 76135		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 02/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry Jason	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4101 Alcala DR Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Widener	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 3403 Dalhart DR Fort Worth, TX 76179		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Schuller	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1009 Edgewood Trl Benbrook, TX 76126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Tarres	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 637 Samuels Ave Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Croucher	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3405 Dalhart DR Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions)		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: 4
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Hartin	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 605 Hillview Dr Hurst, TX 76054		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 03/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Whigham	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 7524 Eagle Ridge Cir Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Schuller	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 1009 Edgewood Trl Benbrook, TX 76126		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
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
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: 1
2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 16,570
5 Date of loan 01/17/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Ellis	9 Loan Amount (\$) \$16,570
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 3408 Dalkart DR Fort Worth, TX 76179	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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 type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>Jason Ellis</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>1/18/23</u>	5 Payee name <u>Starboard Strategy Group</u>
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6 Amount (\$) <u>\$1,370.00</u>	7 Payee address; City; State; Zip Code <u>501 Samuels Ave Fort Worth, TX 76102</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting</u>	(b) Description <u>Fees</u>
	(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
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Date <u>2/01/23</u>	Payee name <u>Starboard Strategy Group</u>
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Amount (\$) <u>\$2,500.00</u>	Payee address; City; State; Zip Code <u>501 Samuels Ave Fort Worth, TX 76102</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting</u>	Description <u>Fees</u>
	<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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Date <u>2/10/23</u>	Payee name <u>Face Book</u>
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Amount (\$) <u>\$125.00</u>	Payee address; City; State; Zip Code <u>Menlo Park, CA 94025</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Fees</u>
	<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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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	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: 5	2 FILER NAME Jason Ellis	3 Filer ID (Ethics Commission Filers)
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4 Date 02/16/23	5 Payee name Post net
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6 Amount (\$) \$ 95.68	7 Payee address; Hurst, TX 76053	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print
	(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
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Date 02/17/23	Payee name Install Connect
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Amount (\$) \$ 920.00	Payee address; 2435 Irving Blvd Dallas, TX 75247	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<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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Date 02/23/23	Payee name Metro Mailer
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Amount (\$) \$ 476.30	Payee address; 5719 E Rosedale st Fort Worth, TX 76112	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising/print
	<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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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	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
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>Jason Ellis</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>02/24/23</u>	5 Payee name <u>Chick - Fil-A</u>
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6 Amount (\$) <u>\$ 384.83</u>	7 Payee address; <u>9105 Clifford st</u> <u>White Settlement, TX 76108</u>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	(b) Description <u>Event</u>
	(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
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Date <u>02/27/23</u>	Payee name <u>Texas Civil War Museum</u>
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Amount (\$) <u>\$ 108.00</u>	Payee address; <u>760 Jim Wright Fwy</u> <u>Fort Worth, TX 76108</u>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Fee</u>
	<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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Date <u>02/27/23</u>	Payee name <u>Campaign Sidekick</u>
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Amount (\$) <u>\$ 275.00</u>	Payee address; <u>1550 old Annetta</u> <u>Aledo, TX 76009</u>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>database</u>	Description <u>database</u>
	<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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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	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: <u>5</u>	2 FILER NAME <u>Jason Ellis</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>02/27/23</u>	5 Payee name <u>FaceBook</u>
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6 Amount (\$) <u>\$ 125.00</u>	7 Payee address; <u>Menlo Park, CA 94025</u>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Fees</u>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>02/27/23</u>	Payee name <u>Texas Trade Graphics</u>
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Amount (\$) <u>\$ 2,614.90</u>	Payee address; <u>2935 Irving blvd Dallas, TX 75247</u>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Signs</u>
	<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 <u>02/28/23</u>	Payee name <u>Face book</u>
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Amount (\$) <u>\$ 58.69</u>	Payee address; <u>Menlo Park, CA 94025</u>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Fees</u>
	<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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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	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: <u>5</u>	2 FILER NAME <u>Jason Ellis</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>03/01/23</u>	5 Payee name <u>Starboard Strategy Group</u>
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6 Amount (\$) <u>\$2,600.00</u>	7 Payee address; City; State; Zip Code <u>501 Samuels Ave Ft Worth, TX 76102</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting</u>	(b) Description <u>Fees</u>
	(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
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Date <u>03/27/23</u>	Payee name <u>Campaign Sidekick</u>
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Amount (\$) <u>\$275.00</u>	Payee address; City; State; Zip Code <u>1550 old Annetta Aledo, TX 76003</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>database</u>	Description <u>database</u>
	<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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Date <u>03/27/23</u>	Payee name <u>Anedot</u>
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Amount (\$) <u>\$128.60</u>	Payee address; City; State; Zip Code <u>1340 Poydras St New Orleans, LA 70112</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Payment Processing</u>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED