OFFICIAL RECORD **CANDIDATE / OFFICEHOLDER** CITY SECRETARY FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** FT. WORTH, TX 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Jascol NAME Date Received CSO REC'D ADDRESS / PO BOX: 4 CANDIDATE / STATE: ZIP CODE APR 6 '23 PM2:33 OFFICEHOLDER 3408 Dalkert DR MAILING **ADDRESS** Ford Worth, 7x 76179 Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817) 566 3403 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 7 CAMPAIGN 3408 Dalhart DR **TREASURER ADDRESS** Fort Worth, Tx 76179 (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** 682 760-3012 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Dav COVERED THROUGH /01/23 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Description General Special 05/06/23 13 OFFICE SOUGHT (If known) OFFICE HELD (if any) 12 OFFICE Council D#7 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 OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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 Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TIPLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 3,9	50,00
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 OF REPORTING PERIOD	LAST DAY	\$ 8,	463.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE	\$ 16.	570.00
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and ce	rrect and inclu	udes all information
red	quirou to be reported by the under Title 15, Election Code.	/ .		
		4		
	Signature o	f Candidate	or Officeholde	эг
	Please complete either option be	low:		
(1) Affidavit	KATHERINE L CENICOLA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06/21/2025 NOTARY ID 13118229-0			
NOTARY STAMP/SEA	NL			
Sworn to and subscribed	before me by Jason Ellis this	the (n	day of	April.
	which, witness my hand and seal of office.		, ~ —	'
	Cenicole Katherine Cenicola		Con	dinator
Signature of officer administr				r administering oath
	OR			
(2) Unsworn Declarat	ion			
.		dh la		
l .	, and my date of bir	ភា ទេ	-	·
My address is	(street) (city)	(state)	(zip code)	(country)
Executed in	County, State of, on the day of			` ' '
	say, say say as, so as, so (n	nonth)	, 20 (year)	-
	Signature of C	andidate/Off	iceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Eth	nics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,950,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 16,570.00 \$12,057.a
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12,057.a
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$
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	С/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNITO FILER	ED \$

SCHEDULE A1

Date 5 Full name of contributor	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Cody Arm Strong Cody Arm Strong City: State: Zip Code Stat	FILER NAME	Jasen Ellis	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Cyndy //c Ccy Contributor address; City: State: Zip Code \$50.00 Fe. + We. + h., 7x 76165 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) // 22/23 Contributor address: SSG Tacil rider Rd Fe. + We. + h., 7x 76144 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$)	2/11/23	6 Contributor address; City; State; Zip Code 206 Prairie View St Red Oak, Tx 75154	\$ 100,00
Cyndy McCcy Contributor address; City; State; Zip Code 23 3 Verna Tail N Firt Worth, Tx 76165 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Melinda Teitel Baum Contributor address; City; State; Zip Code Fig. 1 Worth, Tr 7614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Local Tolerand Tail Baum Contributor address; City; State; Zip Code Fig. 2 John Scn Contributor address; City; State; Zip Code Fig. 3 Contributor address; City; State; Zip Code Fig. 4 Lity State; Zip Code Fig. 3 Contributor Address; City; State; Zip Code Fig. 4 Lity State; Zip Code Fig. 4 Lity State; Zip Code Fig. 5 Contributor Address; City; State; Zip Code Fig. 5 Contributor Address; City; State; Zip Code Fig. 6 State; Zip Code Fig. 7 State; Zip Code Fig. 6 State; Zip Code Fig. 7 State; Zip Code Fig. 6 State; Zip Code Fig. 7 State; Zip Code Fig	Principal occu		tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor		. —	Amount of contribution (\$)
Date Full name of contributor Mel.nch Teitelbourn Contributor address; City; State; Zip Code \$ 200.00 Frincipal occupation / Job title (See Instructions) Contributor City: Code State: City Code City City Code City C	2/21/23	Contributor address; City; State; Zip Code 23 3 Verna Trail N Fart Worth, Tx 76165	\$50,00
Melinda Teifelbaum C/22/23 Contributor address; City; State; Zip Code \$ 200.00 SSG Taxilaider Rd Fort Wasth, Tr 76114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Joe John Son Contributor address; City; State; Zip Code \$ 125.00 Husst, Tx 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Joe John Son Contributor address; City; State; Zip Code \$ 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		-	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Joe John Son Contributor address; City; State; Zip Code \$ 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2/22/23	Contributor address; City; State; Zip Code 556 Town I rider Rd Fort Worth, Tr 76114	\$ 200,00
Joe Johnson Contributor address; City; State; Zip Code \$ 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)			itions)
Contributor address; City; State; Zip Code \$ 125.00 1235 Cavender DR HUSSH, TX 76053 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	122/23	Contributor address: City: State; Zip Code	\$125.00
Seif Employed		pation / Job title (See Instructions) Employer (See Instruc	clions)
	Seif	Employed	

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Jason Ellis	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	i i
2/23/23	Karen Wiseman 6 Contributor address; City; State; 2424 Colonial Parkway Fort Worth, Tx 76108	ZIp Code \$ 1000,00
Principal occu		oyer (See Instructions)
Date	Full name of contributor	Autourit of Contribution (4)
02/23/23	Junest Debinhasieum Contributor address; City; State; 6913 Auntspurdr Fort Worth, TX 74119	Zip Code \$ 200,00
Principal occu		oyer (See Instructions)
Date	Full name of contributor	·
)2/23/23	Jackie Luger Contributor address; City; State; 5155 Starbacadium, DR Fort Worth, TX 76135	Zip Code \$ 25.00
Principal occu		oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2/23/23	4101 Alava PR	Zip Code \$ 1000
Principal occu	Fort Worth, 及76137 pation / Job title (See Instructions) Emp	loyer (See Instructions)
	•	

SCHEDULE A1

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

FILER NAME	struction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		
	Jason Ellis	3 Filer ID (Ethics Commission Filers)
	Full name of contributor	7 Amount of contribution (\$)
22/23/23	Jamie Widener Contributor address; Clty; State; Zlp Code 3403 Palkart DR Fost Worth, TX 76179	\$ 200,00
Principal occupa	tion / Job title (See Instructions) 9 Employer (See Instructions)	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	—) Amount of contribution (\$)
	Joe SKhulter Contributor address; City; State; Zip Code 1009 Edge wood Trl Ben brook, Tr 76126	\$1,000.00
	ion / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	(1,
0/24/23	Kyan Torres Contributor address; City; State; Zip Code 637 Samuels Ave Fort Worth, 7x76102	\$ 100.00
Principal occupa	tion / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor	Į.
13/01/23	Pamela Croucher Contributor address; City; State; Zip Code 3405 Dalkart DR Fort Worth, TX 76179	\$50.00
	tion / Job title (See Instructions) Employer (See Ins	structions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1:
FILER NAME	Jason Cllis		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
3/08/23	Randy Hartin 6 Contributor address; City; St CC'S Hill view D2 11 wit, 7x 76054	tate; Zip Code	\$ 500,00
		Employer (See Instructio	ns)
Date	Full name of contributor)	Amount of contribution (\$)
3 8 23	Larry Whigham Contributor address; City; S 17524 Cagle Ridge Cir Fort worth, Tx 76178	tate; Zip Code	\$ 200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
3/9/23		tate; Zip Code	\$ 1000,00
	pation / Job title (See Instructions) em Played	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

LOANS SCHEDULE E

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

ii the requested	information is not applicable, bo NO	miciale this page in the rep	
The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Jason Ellis		
4 TOTAL OF UN	ITEMIZED LOANS		\$ 16.570
5 Date of loan O(/17/23 6 Is lender a financial Institution?	7 Name of lender out-of-state PAC (ID#:) JaSon Ellis 8 Lender address; City; State; Zip Code 3408 Dalhart DR		9 Loan Amount (\$) \$ 16,570 10 Interest rate \(\mu/.4 \) 11 Maturity date
YN	Fort Worth, TX 7/178		NIA
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	J	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
20 Principal Occupati	on (see instructions)	Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	nds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
if i	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE estruction guide for additional r	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Politin y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Jason Ellis	_	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/27	5 Payee name Starboard Strategy (7 Payee address;	Scour	
1/18/23 6 Amount (\$) \$1,370.00	7 Payee address; 501 Samuels Ave Fort Worth, Tx 76162	City;	State; Zip Code
. 8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF EXPENDITURE	Consulting	Fees	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
2/01/23	Starband Strategy Payee address;	Grosf	
Amount (\$) \$ 2,5 co.α	Fort Worth, TX 76102		State; ZIp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule		in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
Z/10/23 Amount (\$)	Face Book Payee address;	Clty;	State; Zip Code
\$ 125.00	Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
EXPENDITORE	Check if travel outside of Texas, Complete Schedule		lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIII E AS NE	FDFD

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi	n Repayment/Reimbursement a Overhead/Rental Expense ing Expense ing Expense rles/Wages/Contract Labor v to complete this form.	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	ment & Related Expense			
1 Total pages Schedule F1:	2 FILER NAME Jason Ellis		3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Payee name						
02/16/23	Post net						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
\$ 95.68	Hurst, 7x 76053						
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising	Print					
}	(c) Check if travel outside of Texas. Complete Schedule	T, Check if Austi	in, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
02/17/23	Install Connect						
Amount (\$)	Payee address; 2435 Tring Llud Dallas, TX 75247	City;	State;	Zip Code			
	Category (See Categories listed at the top of this schedul	le) Description					
PURPOSE OF EXPENDITURE	Adertising	Signs					
	Check if travel outside of Texas. Complete Schedule	e T. Check if Aust	tin, TX, officeholder living				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name						
02/23/23	Metro Mailer						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$ 476.30	5719 (Rosedule st Fort Worth, TX 76112	Description					
	Category (See Categories listed at the top of this schedu	ule) Description					
PURPOSE OF	A 1 1	A1 1.	1.				
EXPENDITURE	Advertising	Advertising	y/Print				
	Check if travel outside of Texas. Complete Schedul	le T. Check if Aus.	itin, TX, officeholder living				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jason Ellis 6 Amount (\$) 7 Payee address; 9105 Clifford st City; State; Zlp Code \$ 384.83 while Settlement, Tx 76108 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Food/Beverage Check if travel outside of Texas. Complete Schedule T. EXPENDITURE 1: went Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Texas Civil War Museum Payee address; Zlp Code City; State: 760 Jim wright Fwg \$ 108.00 Fort Worth, Tx 76108 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Campaign Sidekick City; State: Zip Code 1550 old Annelta 275.00 Aledo TX 76000 Category (See Categories listed at the top of this schedule) Description PURPOSE QF database data bere EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jasen Ellis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/27/23	tace Book		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 125.00	menlo Park, CA 94025		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
OZ / 27/23 Amount (\$)	Texas Trade Graphics Payee address;		
Amount (\$)		City;	State; Zip Code
\$ 2,614.90	2935 Irving blud Dallas, Tx 75247		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Alvantaine	Signs	
EXPENDITURE	Advertising		
	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
		•	
02/28/23	Face book		
02/28/23 Amount (\$)	Payee address;	City;	State; Zip Code
\$ 58.69	Menlo Park, CA 94025		
<u> </u>	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Advertising	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT includ	e this page in the re	port.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jason Ellis		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/23	5 Payee name Starboard Strategy	Group	
\$ 2,600.00	7 Payee address; SOI Samuels Ave Fort Worth, TX 76102	City;	State; Zlp Code
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF			
EXPENDITURE	Consulting	Fees	
	(c) Check if trayel outside of Texas, Complete Schedule T	Check If Aust	tin, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/27/23	Campaign Side Kick		
Amount (\$) \$ 275, cx	Payee address: 1550 old Annetta Aledo, Tx 76003	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF			
EXPENDITURE	dutubuse	desta bas	<u>e</u>
	Check if travel outside of Texas. Complete Schedule	Check if Auslin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/27/23	Anedot		
Amount (\$)	Payee address;	Clty;	State; Zip Code
\$ 128.60	1340 Poydras St New orleans, LA Foils		
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE			
OF EXPENDITURE	Fees	Paymer	nt Processing
	Check if travel outside of Texas. Complete Schedule	_	slin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
·			