

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Joe MI (NMI) NICKNAME LAST SUFFIX Ponce JR.	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;">CSO REC'D APR 2 '25 AM9:27</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4300 Poinsetta Drive Fort Worth, TX 76114										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 988-5339										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Joe MI (NMI) NICKNAME LAST SUFFIX Ponce JR.										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4300 Poinsetta Drive Fort Worth, TX 76114										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 988-5339										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">01 / 01 / 2025</td> <td></td> <td style="text-align: center; font-size: 1.5em;">03 / 24 / 2025</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2025		03 / 24 / 2025		
Month Day Year	THROUGH	Month Day Year									
01 / 01 / 2025		03 / 24 / 2025									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 05 / 03 / 2025 </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 05 / 03 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any) None										
13 OFFICE SOUGHT (if known)	City Council District 2										
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.										
<table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>				COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS		
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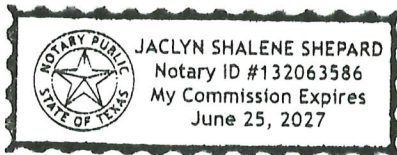
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Joe Ponce Jr</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,940</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,267.80</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,817.67</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jaclyn Shepard this the 2nd day of April, 2025, to certify which, witness my hand and seal of office.
Jaclyn Shepard Jaclyn Shepard Notary
 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 <i>Joe Ponce Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS <i>Pg 18</i>	\$ <i>1,940</i> ✓
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 <i>Pg 26</i>	\$ <i>3,817.67</i> ✓
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <i>Pg 29</i>	\$ <i>1,450.13</i> ✓
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>Pg. 35</i>	\$ <i>2,817.67</i> ✓
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	\$

Ps 1

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: <u>4</u>
2 FILER NAME <u>Joe Ponce Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>Feb 14, 2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martin Rodriguez</u> 6 Contributor address; City: <u>FTW</u> State: <u>TX</u> Zip Code <u>76111</u> <u>2500 Palmerox Ave</u>	7 Amount of contribution (\$) <u>\$ 200</u> <u>CK</u>
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>(None)</u>
Date <u>Feb 18, 2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>THG INC.</u> Contributor address; City: _____ State: _____ Zip Code _____ <u>P.O. Box 4491 FTW TX 76164</u>	Amount of contribution (\$) <u>\$500</u> <u>CK</u>
Principal occupation / Job title (See Instructions) <u>LAND OWNER / Land lord</u>		Employer (See Instructions) <u>SELF</u>
Date <u>March 13, 2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martha A. Williams</u> Contributor address; City: <u>FTW</u> State: <u>TX</u> Zip Code <u>76137</u> <u>8105 Mont Shasta Cir.</u>	Amount of contribution (\$) <u>\$ 100</u> <u>CK</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>March 13, 2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jesse S. Mosqueda</u> Contributor address; City: _____ State: _____ Zip Code _____ <u>1615 Grand Ave FTW TX 76164</u>	Amount of contribution (\$) <u>\$ 50.00</u> <u>CK</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		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 Joe Ponce Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-11-2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Gatica	7 Amount of contribution (\$) \$ 150.00 cash
6 Contributor address; City; State; Zip Code 1506 Roman Ave. FTW TX 76164		
8 Principal occupation / Job title (See Instructions) Retired/Disabled		9 Employer (See Instructions)
Date 03/042025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Gonzalez	Amount of contribution (\$) \$ 200.00 Act blue
Contributor address; City; State; Zip Code 2203 W. Greensport Ct. Arlington TX 76001		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/072025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angel Renteria	Amount of contribution (\$) \$ 250.00 Act blue
Contributor address; City; State; Zip Code 4204 Highland lake drive FTW TX 76135		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/072025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adam Salinas	Amount of contribution (\$) \$ 5 Act. blue
Contributor address; City; State; Zip Code 452 Oakhurst St. Almonte Springs FLA 32707		
Principal occupation / Job title (See Instructions) Painter		Employer (See Instructions) Self-Employed

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

Joe Ponce Jr

3 Filer ID (Ethics Commission Filers)

4 Date

03/13
2025

5 Full name of contributor

Victoria Ponce

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰ Act blue

6 Contributor address;

1600 Elaine Place

City:

FTW

State:

TX

Zip Code

76106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/19
2025

Full name of contributor

Natividad Castillo

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰ Act. blue

Contributor address;

2114 Sparrow Hill Lane

City:

Lakewood

State:

CA

Zip Code

90712

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

02/21
2025

Full name of contributor

Phillip Jackson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰ Act blue

Contributor address;

4925 Scott Rd. #253

City:

FTW

State:

TX

Zip Code

76114

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

02/17
2025

Full name of contributor

Salvador Carrillo

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰ Act blue

Contributor address;

2408 Dalford Street

City:

FTW

State:

TX

Zip Code

76111

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Ponce Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 02/16 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Reyes	7 Amount of contribution (\$) \$50.00 Act blue
6 Contributor address; City; State; Zip Code 817 Theresa Dr. FTW TX 76114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Pepsi
Date 3-27 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Salazar	Amount of contribution (\$) \$20.00 Cash
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-27 2-17 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Castillo	Amount of contribution (\$) \$90.00 Cash
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		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: 2
2 FILER NAME Joe Ponce Jr.			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 3,817.67
5 Date of loan 1-7-2025	7 Name of lender Fort Worth Transmission Service <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y N	8 Lender address; City; Ftw State; TX Zip Code 76164 1300 NW 25th Street		10 Interest rate 0
			11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Sole Proprietor		13 Employer (See Instructions) Fort Worth Transmission Service	
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		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.

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: <u>2</u>		
2 FILER NAME <u>Joe Ponce Jr</u>			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$ <u>3,817.67</u>		
5 Date of loan <u>1-13-2025</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fort Worth Transmission Service</u>		9 Loan Amount (\$) <u>1,792.06</u>		
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>1300 N.W. 25th Street</u> <u>TX</u> <u>76164</u>		10 Interest rate <u>0</u>		
			11 Maturity date <u>0</u>		
12 Principal occupation / Job title (See Instructions) <u>Sole Proprietor</u>			13 Employer (See Instructions) <u>Fort Worth Transmission Service</u>		
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		19 Amount Guaranteed (\$)		
	18 Guarantor address; City; State; Zip Code				
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan <u>1-31-2025</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fort Worth Transmission Service</u>	Loan Amount (\$) <u>1,025.61</u>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>1300 N.W. 25th Street</u> <u>TX</u> <u>76164</u>	Interest rate <u>0</u>
		Maturity date <u>0</u>
Principal occupation / Job title (See Instructions) <u>Sole Proprietor</u>		Employer (See Instructions) <u>Fort Worth Transmission Service</u>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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	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: 2	2 FILER NAME Joe Ponce Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 1-22-25	5 Payee name Imprint Graphics		
6 Amount (\$) \$173.20	7 Payee address; City; State; Zip Code 610 Churchill Rd. Fort Worth TX 76114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense		(b) Description Business Cards
	(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 Joe Ponce Jr. FTW City Council District 2 (None)			
Date 1-28-25	Payee name ACE HARDWARE		
Amount (\$) \$63.76	Payee address; City; State; Zip Code 5533 Jacksboro Hwy Fort Worth TX 76114		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Concrete mix For Sign Stands
	<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 Joe Ponce Jr. FTW City Council District 2 (None)			
Date 2-1-2025	Payee name Tractor Supply		
Amount (\$) 136.12	Payee address; City; State; Zip Code 3919 Telephone Rd LAKE WORTH TX 76135		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description T-Post for Signs
	<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 Joe Ponce Jr. FTW City Council District 2 (None)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joe Ponce Jr	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-25	5 Payee name Staples	
6 Amount (\$) 108.20	7 Payee address; City; State; Zip Code 6313 Lakewood Blvd Lakewood TX 76135	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense	(b) Description Business Cards
	(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: Joe Ponce Jr. FTW City Council District 2 Office sought: Office held: None		
Date 3-17-25	Payee name Staples	
Amount (\$) \$468.85	Payee address; City; State; Zip Code 6313 Lakewood Blvd Lakewood TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Political 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: Joe Ponce Jr. FTW City Council District 2 Office sought: Office held: (None)		
Date 2-15	Payee name Office Depot	
Amount (\$) \$21.61	Payee address; City; State; Zip Code 401 Carroll Street Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description CARD HOLDERS
	<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: Joe Ponce Jr. FTW City Council District 2 Office sought: Office held: (None)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <u>Joe Ponce Jr.</u>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>2,817.67</u>	
5 CREDIT CARD ISSUER	Name of financial institution <u>Chase Visa</u>		
6 PAYMENT	(a) Amount Charged <u>\$1,792.06</u>	(b) Date Expenditure Charged <u>1-13-2025</u>	(c) Date(s) Credit Card Issuer Paid <u>1-15-2025</u>
7 PAYEE	(a) Payee name <u>IN AQUECS</u>	(b) Payee address; City, State, Zip Code <u>916 Byrd Ave. Neenah WI 54956</u>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Political Signs</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 <u>None</u> <u>Joe Ponce Jr. FTW City Council District 2</u>		
PAYMENT	(a) Amount Charged <u>\$1,025.61</u>	(b) Date Expenditure Charged <u>1-31-2025</u>	(c) Date(s) Credit Card Issuer Paid <u>2-2-2025</u>
PAYEE	(a) Payee name <u>IN AQUECS</u>	(b) Payee address; City, State, Zip Code <u>916 Byrd Ave. Neenah WI 54956</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Political Signs</u>
	(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 <u>None</u> <u>Joe Ponce Jr. FTW City Council District 2</u>		
PAYMENT	(a) Amount Charged <u>\$</u>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED