

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

JED

N

NICKNAME

LAST

SUFFIX

REED

OFFICE USE ONLY

Date Received

4/22/2021

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 842

Rowlett TX 75088

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

725-1827

Date Hand-delivered or Date Postmarked

4/22/2021

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

LUIDA

NICKNAME

LAST

SUFFIX

PRICE

Receipt #

Amount \$

Date Processed

Date Imaged

4/22/2021

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1809 TOUCH GOLD Ct Rowlett TX

75088

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

670 2210

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

4 / 2 / 2021

THROUGH

4 / 22 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 1 / 2021

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

6150 School Board Place 4 Election Special

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**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) | \$ 690 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2290 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7244.16 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2572.96 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5100.00 |

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 _____ 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 Jed N. Reed, and my date of birth is 2/1/1951
 My address is P.O. BOX 842, ROWLETT, TX, 75080, DALLAS.
 (street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 21 day of APRIL, 2021.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | |
|--|---|
| 19 FILER NAME JED N. REED | 20 Filer ID (Ethics Commission Filers) |
|--|---|

| | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|-----|---|-----------------------|
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1800 ⁰⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ - |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ - |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 5100 ⁰⁰ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 7244 ¹⁶ |
| 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: 2 |
| 2 FILER NAME JED N. REED | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/8/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT/BILL WHITE | 7 Amount of contribution (\$) 100⁰⁰ |
| 6 Contributor address; City; State; Zip Code 14609 Cord 318 Terrill Tx 75160 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/9/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.R. WYNNE | Amount of contribution (\$) 200⁰⁰ |
| Contributor address; City; State; Zip Code 1910 Westminister Rowlett Tx 75088 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/9/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sydna / Don BORDAN | Amount of contribution (\$) 500⁰⁰ |
| Contributor address; City; State; Zip Code 6 Dun Korman BARUANO Tx 75044 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Balderson | Amount of contribution (\$) 100⁰⁰ |
| Contributor address; City; State; Zip Code 6228 Highland Crest Lane Sachse Tx 75048 | | |
| 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:

2

2 FILER NAME

Jed N. Rees

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/2021

5 Full name of contributor

ELIZABETH DeSilva

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

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/2/2021

Full name of contributor

Pip DICKER

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

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

1025 E. BRAND Rd BARLAND 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/2021

Full name of contributor

MARCUS BROOKS

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

Amount of contribution (\$)

200⁰⁰

Contributor address; City; State; Zip Code

5910 FIRECREST DR. BARLAND 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2021

Full name of contributor

MICHAEL ERIC WILLIAMSON

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

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

3507 BRYAN STREET DAWN TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME JED N. REED | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/1/2021 | 5 Payee name STAR Local Media | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 3501 E. PLANO PKWY #220 PLANO TX 75074 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description DIGITAL Ad - LAKE SHORE TIMES |
| | (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 |
| Date 4/5/2021 | Payee name FINISHING & MAILING CENTER, LLC | |
| Amount (\$) 6808.17 | Payee address; City; State; Zip Code 2151 COMMERCE ST DALLAS TX 75212 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense, POSTAGE | Description FLYER |
| | <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 4/16/2021 | Payee name K+R SCREEN GRAPHICS | |
| Amount (\$) 235.99 | Payee address; City; State; Zip Code 3915 MAIN STREET DALLAS TX 75226 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing / Advertising | Description YARD 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 |

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