

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MR)</b>	FIRST <b>JED</b>	MI <b>N</b>
	NICKNAME	LAST <b>REED</b>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>10/26/20</b> <i>[Signature]</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 842 Rowlett TX 75030</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>725 1827</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(MR)</b>	FIRST <b>LINDA</b>	MI
	NICKNAME	LAST <b>PRICE</b>	SUFFIX
	Date Hand-delivered or Date Postmarked <b>10/26/20</b>		
	Receipt #	Amount \$	
Date Processed <b>10/26/20</b>			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1809 Touch Gold Ct Rowlett, TX 75088</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(972)</b>	PHONE NUMBER <b>670-2210</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <b>10/10 / 5 / 2020</b> THROUGH <b>10 / 27 / 2020</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE OFFICE HELD (if any) <b>615D BOARD of Trustees Place 4</b>		13 OFFICE SOUGHT (if known) <b>615D BOARD of Trustees Place 4</b>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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14 C/OH NAME

Jed N. Reed

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) *THIS PERIOD 0*

\$ 2325 (total)

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) *THIS PERIOD 0*

\$ 3825 (total)

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES *THIS PERIOD 0*

\$ 6140<sup>82</sup> (total)

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

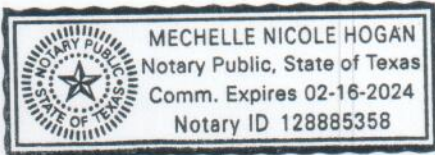
\$ 334.18

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD *THIS PERIOD 0*

\$ 5700<sup>00</sup> total

18 AFFIDAVIT



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.

*Jed N. Reed*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jed N. Reed, this the 26<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

*Mechelle Nicole Hogan*  
Signature of officer administering oath

Mechelle Nicole Hogan  
Printed name of officer administering oath

Notary / Board Services  
Title of officer administering oath  
Manager

# SUBTOTALS - C/OH

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19 FILER NAME

*JEO 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	<i>THIS PERIOD</i>	\$	<i>0</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	<i>-</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	<i>-</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	<i>THIS PERIOD</i>	\$	<i>0</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<i>THIS PERIOD</i>	\$	<i>0</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	<i>0</i>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	<i>0</i>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	<i>0</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	<i>0</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	<i>0</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	<i>0</i>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	<i>0</i>