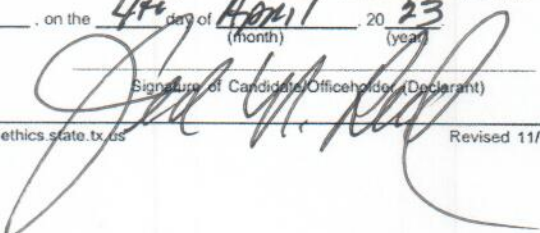


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>5</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>JED</b>	FIRST <b>REED</b>	MI <b>N</b>	<b>OFFICE USE ONLY</b>  Date Received: <b>4/4/23</b>  Date and delivered or Date Postmarked: <b>4/4/23</b> Receipt amount: \$ Date Processed: <b>4/4/23</b> Date Filed: <b>4/4/23</b>
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>P.O. Box 842</b> APT / SUITE #: <b>Rowlett TX</b> CITY: <b>75080</b> STATE: ZIP CODE			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>725-1827</b>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>JED</b>	FIRST <b>REED</b>	MI <b>N</b>	
	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1115 WINDING BROOK DR</b> APT / SUITE #: <b>BARLAND</b> CITY: <b>TX</b> STATE: ZIP CODE <b>75044</b>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>725-1827</b>	EXTENSION	
9 REPORT TYPE	<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)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>2 / 20 / 2023</b> <b>4 / 3 / 2023</b>			
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 6 / 23</b>		ELECTION TYPE <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>NONE</b>		13 OFFICE SOUGHT (if known) <b>PLACE 4 CUSD BOARD OF TRUSTEES</b>	
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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	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 <u>JED N. REED</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>1,560.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,560.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3503.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,056.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,000</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.		
<p>_____</p> <p>Signature of Candidate or Officeholder</p>		
<p><b>Please complete either option below:</b></p>		
<p><b>(1) Affidavit</b></p> <p>NOTARY STAMP / SEAL</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <p>Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____</p> <p style="text-align: center;">OR</p>		
<p><b>(2) Unsworn Declaration</b></p> <p>My name is <u>JED N. REED</u> and my date of birth is <u>02/01/51</u></p> <p>My address is <u>1115 WINDING BROOK DR</u> (street) <u>GRAHAM</u> (city) <u>TX</u> (state) <u>75044</u> (zip code) <u>DALLAS</u> (country)</p> <p>Executed in <u>DALLAS</u> County, State of <u>TX</u>, on the <u>4<sup>th</sup></u> day of <u>April</u>, 20<u>23</u> (month) (year)</p> <p style="text-align: center;">               Signature of Candidate/Officeholder (Declarant)         </p>		

<b>SUBTOTALS - C/OH</b>		<b>FORM C/OH COVER SHEET PG 3</b>
<b>19 FILER NAME</b> <i>JED N. REED</i>	<b>20 Filer ID (Ethics Commission Filers)</b>	
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>5000.00</i>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3503.95</i>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0.00</i>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>	

<b>LOANS</b>		<b>SCHEDULE E</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>JED N. REED</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>5000.00</b>
5 Date of loan <b>2/20/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JED N. REED</b>	9 Loan Amount (\$) <b>5000.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>1115 WINDING BROOK DR GARLAND TX 75044</b>	10 Interest rate <b>0%</b>
12 Principal occupation / Job title (See Instructions) <b>RETIRED EDUCATOR</b>		11 Maturity date <b>undetermined</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions)
15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		16 GUARANTOR INFORMATION
17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		<input type="checkbox"/> not applicable
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?	Lender address; City; State; Zip Code	Interest rate
Y N		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		Amount Guaranteed (\$)
Name of guarantor		<input type="checkbox"/> not applicable
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.			
<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
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 FILER NAME <b>JED N. REED</b>	
4 Date <b>3-1-23</b>		5 Payee name <b>KAR SCREEN GRAPHICS</b>	
6 Amount (\$) <b>3,003.95</b>		7 Payee address: City: State: Zip Code <b>3915 MAW STREET DALLAS TX 75226</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING/PRINTING</b>		(b) Description <b>YARD SIGNS</b>
	(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	
Date <b>3-1-23</b>		Payee name <b>GREEN + ASSOCIATE'S</b>	
Amount (\$) <b>500<sup>00</sup></b>		Payee address: City: State: Zip Code <b>P.O. BOX 270412 DALLAS TX 75227</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	(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	
Date		Payee name	
Amount (\$)		Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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