

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>FORM C/OH COVER SHEET PG 1</b>	
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: <b>JED</b> MI: <b>N</b> NICKNAME: <b>REED</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <b>4/21/23</b> Date Hand-delivered or Date Postmarked: <b>4/21/23</b> Receipt # / Amount \$: Date Processed: <b>4/27/23</b> Date Deposited: <b>4/27/23</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>P.O. Box 842 Rowlett, TX 75080</b> APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>725-1827</b> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: <b>JED</b> MI: <b>N</b> NICKNAME: <b>REED</b> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1115 WINDING BROOK DR GARLAND TX 75044</b> APT / SUITE #: CITY: STATE: ZIP CODE		
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 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    THROUGH    Month Day Year <b>4 4 2023</b> <b>4 26 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 6180 BOARD OF TRUSTEES</b>	
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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>FORM C/OH COVER SHEET PG 2</b>
<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>500<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500<sup>00</sup></u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1976.83</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1579.22</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5000.00</u>
<p><b>18 SIGNATURE</b> 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 style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Signature of Candidate or Officeholder</p> <p style="text-align: center; margin-top: 20px;"><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>04-26-2023</u></p> <p>My address is <u>1115 WINDING BROOK DR GALLAND TX 75044 DALLAS</u></p> <p style="margin-left: 100px;">(street) (city) (state) (zip code) (country)</p> <p>Executed in <u>DALLAS</u> County, State of <u>TX</u>, on the <u>26<sup>th</sup></u> day of <u>APRIL</u>, 20<u>23</u></p> <p style="margin-left: 100px;">(month) (year)</p> <p style="text-align: right; margin-right: 50px;">_____</p> <p style="text-align: right; margin-right: 50px;">Signature of Candidate/Officeholder (to be filled in)</p>		

<b>SUBTOTALS - C/OH</b>		<b>FORM C/OH COVER SHEET PG 3</b>
<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -	
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	\$ -	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1976.83	
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	\$ -	

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	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.			
<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>JED N REED</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/14/23</i>	<b>5</b> Payee name <i>CCP PRINTING DALLAS TX 75232</i>		
<b>6</b> Amount (\$) <i>926.83</i>	<b>7</b> Payee address: <i>5534 S. HAMPTON</i>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing</i>	<b>(b)</b> Description <i>DOOR HANGERS</i>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>Date</b> <i>4/22/23</i>	<b>Payee name</b> <i>KEN GREEN ASSOCIATES</i>		
<b>Amount (\$)</b> <i>1,050</i>	<b>Payee address:</b> <i>P.O. BOX 270412 DALLAS TX 75227</i>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>DATA COLLECTION, DIGITAL COMMUNICATION SERVICES</i>	<b>Description</b> <i>DIGITAL ADVERTISING; DATA, DISTRIBUTION</i>	
	<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
<b>Date</b>	<b>Payee name</b>		
<b>Amount (\$)</b>	<b>Payee address:</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED