

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:

5

OFFICE USE ONLY

Date Received

4/1/21
MAH

Date Hand-Delivered or Date Postmarked

4/1/21

Receipt #

Amount \$

Date Processed

4/1/21

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MR

FIRST

JED

MI

N

NICKNAME

LAST

REEID

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

P.O. Box

APT / SUITE #;

842

CITY;

Rowlett Tx

STATE;

ZIP CODE

75050

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(214)

PHONE NUMBER

725-1827

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MR

FIRST

Linda

MI

NICKNAME

LAST

PRICE

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

1809 TOUCH GOLD Ct. Rowlett Tx

CITY;

STATE;

ZIP CODE

75088

8 CAMPAIGN TREASURER PHONE

AREA CODE

(972)

PHONE NUMBER

670-2210

EXTENSION

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

1 / 16 / 2021

THROUGH

Month

Day

Year

4 / 1 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

6150 SCHOOL BOARD P14 Special Election

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 JED N. REED 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) | \$ 3404.31 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,404.31 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2155.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7,327.12 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,100.00 |

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.

Jed N. Reed
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 2/11/1951
 My address is 1445 P.O. BOX 842, Rowlett, TX, 75080 DALLAS
 Executed in DALLAS County, State of TX, on the 1 day of 4, 2021
 (month) (year)
Jed N. Reed
 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 checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1000 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 | \$ — |
| 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 checked="" type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 2155 ⁰⁰ |
| 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 | \$ |

Reed

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule H: 1 | 2 FILER NAME JED N. REED | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/14/21 | 5 Business name KR SCREEN GRAPHICS | |
| 6 Amount (\$) 800.00 | 7 Business address; City; State; Zip Code 3915 Manni Street DALLAS TX 75226 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Signage |
| | (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 3/6/21 | Business name Ken Green Associates | |
| Amount (\$) 650.00 | Business address; City; State; Zip Code P.O. BOX 270412 DALLAS TX 75227 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting, Polling Expense, Printing | Description voter data, Printing signage, Consulting |
| | <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 3/11/21 | Business name Ken Green Associates | |
| Amount (\$) 705.00 | Business address; City; State; Zip Code P.O. Box 270412 DALLAS TX 75227 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing | Description signage / printing |
| | <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

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 FILER NAME

JED N. REED

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/21

5 Full name of contributor

DAVID GUBBON

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

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

701 BUTTERFIELD DR GARLAND TX 75040

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Garland Housing Finance Corporation

Date

3/30/21

Full name of contributor

RAY KNEEGS

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

10006 BROADMOORE ROULETTE TX 75088

Principal occupation / Job title (See Instructions)

Self employed Businessman

Employer (See Instructions)

KNEEGS INVESTMENTS

Date

3/31/21

Full name of contributor

RENEE L CRISSEY

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

Amount of contribution (\$)

500⁰⁰

Contributor address;

City;

State;

Zip Code

1538 LAVENDALE LN GARLAND TX 75040

Principal occupation / Job title (See Instructions)

OWNERS

Employer (See Instructions)

OAK SCHOOL CHILD CARE

Date

3/1/21

Full name of contributor

STEVE / MARLENE HAMMERLE

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

Amount of contribution (\$)

200⁰⁰

Contributor address;

City;

State;

Zip Code

6675 Country Rd 2560 Union Valley TX 75474

Principal occupation / Job title (See Instructions)

Retired Educators

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.