

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) 921569017	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Reed M NICKNAME LAST SUFFIX Bond		OFFICE USE ONLY Date Received <div style="font-size: 2em; font-family: cursive;">APR 05 2023</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2741 Costa Mesa Dr. Little Elm, TX 75068		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 832-4139		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Rodney M NICKNAME LAST SUFFIX Bond		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 Boyd Dr., Apt. 1118, Grapevine, TX 76051		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 475-9950		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 28 / 23 THROUGH 4 / 26 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 6 / 23 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FISD Trustee - Place 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	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

Reed M Bond

16 Filer ID (Ethics Commission Filers)

921569017

17 CONTRIBUTION
TOTALS

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

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,389.02

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 366.59

4. TOTAL POLITICAL EXPENDITURES

\$ 7,868.97

CONTRIBUTION
BALANCE

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

\$ 0.00

OUTSTANDING
LOAN TOTALS

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

\$ 11,000.00

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 Reed M Bond

and my date of birth is 8/31/1981

My address is 2741 Costa Mesa Dr.

Little Elm TX 75068 USA

(street)

(city)

(state)

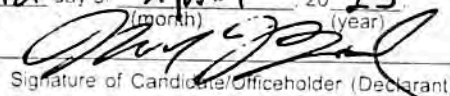
(zip code)

(country)

Executed in Denton

County, State of TX

on the 3rd day of April, 2023



Signature of Candidate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed

RB
29 27

OFFICE USE ONLY

Filer ID #

Date Received

APR 03 2023

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date (Image)

2 CANDIDATE
NAME

MS/MRS/MR

FIRST

MI

Mr.

Reed

M

NICKNAME

LAST

SUFFIX

Bond

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX

APT. SUITE #

CITY

STATE

ZIP CODE

2741 Costa Mesa Dr.,

Little Elm,

TX

75068

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 832-4139

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

FISD Trustee - Place 4

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Rodney

M

Bond

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS

APT. SUITE #

CITY

STATE

ZIP CODE

401 Boyd Dr.

1118

Grapevine,

TX

76051

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 475-9950

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.


Signature of Candidate

4/3/23
Date Signed

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Reed M Bond

20 Filer ID (Ethics Commission Filers)

921569017

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,389.02
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 11,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,868.97
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 10 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/13/2023	5 Full name of contributor Patrick Wamhoff out-of-state PAC (ID#: 6 Contributor address; 1136 Churchill Dr., Frisco, TX 75036 City; State; Zip Code	7 Amount of contribution (\$) 238.38
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2023	Full name of contributor R Kerry Huffman out-of-state PAC (ID#: Contributor address; 9423 Tanyard LN, Frisco, TX 75033 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor James Smith out-of-state PAC (ID#: Contributor address; 2535 Loch Haven Ct., Frisco, TX 75036 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor Terry D Gooch out-of-state PAC (ID#: Contributor address; 1636 Lake Way Dr., Little Elm, TX 75068 City; State; Zip Code	Amount of contribution (\$) 100.00
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 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/18/2023

5 Full name of contributor

out-of-state PAC (ID#:

Sue Gamboa

6 Contributor address;

City;

State;

Zip Code

2675 Calmwood Dr., Little Elm, TX 75068

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/18/2023

Full name of contributor

out-of-state PAC (ID#:

Joanne M.G. Janssen

Contributor address;

City;

State;

Zip Code

1316 Pelican Dr., Frisco, TX 75033

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2023

Full name of contributor

out-of-state PAC (ID#:

Brett McCann

Contributor address;

City;

State;

Zip Code

6295 Larkspur Ln., Frisco, TX 75036

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2023

Full name of contributor

out-of-state PAC (ID#:

Toni Fabry

Contributor address;

City;

State;

Zip Code

7338 Willow Creek Drive, Frisco TX 75703

Amount of contribution (\$)

47.70

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:

3 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/26/2023

5 Full name of contributor

out-of-state PAC (ID#:

Scott Fagan

6 Contributor address;

City;

State;

Zip Code

4727 Druid Hills Dr., Frisco TX 75034

7 Amount of contribution (\$)

191.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/2023

Full name of contributor

out-of-state PAC (ID#:

Vickie Costa

Contributor address;

City;

State;

Zip Code

10521 Chablis Lane, Frisco TX 75035

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2023

Full name of contributor

out-of-state PAC (ID#:

Shirley Robert

Contributor address;

City;

State;

Zip Code

6362 Loudoun Springs Drive, Frisco TX 75036

Amount of contribution (\$)

191.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2023

Full name of contributor

out-of-state PAC (ID#:

Howard Akin

Contributor address;

City;

State;

Zip Code

44 Armstrong Drive, Frisco TX 75034

Amount of contribution (\$)

959.70

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.

SCHEDULE A1

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

Revised 8/17/2020

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:

5 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/13/2023

5 Full name of contributor

Gerald Turner

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

7836 Roundtable Road, Frisco TX 75035

7 Amount of contribution (\$)

23.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/2023

Full name of contributor

Amy Snow

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

14551 Daneway Drive, Frisco TX 75035

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Sonya Christle

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

3746 Elmstead Drive, Frisco TX 75034

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Keith Groat

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

4936 Toledo Bend Dr., Frisco TX 75033

Amount of contribution (\$)

959.70

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: 6 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#: Julie Greene 6 Contributor address; City; State; Zip Code 2909 Hagen Drive, Plano TX 75025	7 Amount of contribution (\$) 95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: Amy Haynes Contributor address; City; State; Zip Code 6308 Brownstone Dr., McKinney TX 75070	Amount of contribution (\$) 47.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: Brenda Rogers Contributor address; City; State; Zip Code 2251 Feathering Dr. Frisco TX 75036	Amount of contribution (\$) 9.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: Melinda Preston Contributor address; City; State; Zip Code 13370 Bayfield Drive, Frisco TX 75033	Amount of contribution (\$) 191.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:

7 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/04/2023

5 Full name of contributor

out-of-state PAC (ID#:

John Rutledge

6 Contributor address;

City;

State;

Zip Code

16417 Ryder Rock Rd., Frisco TX 75033

7 Amount of contribution (\$)

95.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2023

Full name of contributor

out-of-state PAC (ID#:

Lennea Hartoonian

Contributor address;

City;

State;

Zip Code

11043 Ruidosa Lane, Frisco TX 75033

Amount of contribution (\$)

239.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Lisa Akerly

Contributor address;

City;

State;

Zip Code

12398 Flowering Drive, Frisco TX 75035

Amount of contribution (\$)

239.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Jena Masquelier

Contributor address;

City;

State;

Zip Code

3071 Cape Buffalo Trail, Frisco TX 75034

Amount of contribution (\$)

959.70

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: 8 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: Harrison Cohen	7 Amount of contribution (\$) 239.70
6 Contributor address; City; State; Zip Code 6817 Southpoint Drive, Dallas TX 75248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Misty Wamhoff	Amount of contribution (\$) 47.70
Contributor address; City; State; Zip Code 1136 Churchill Dr., Frisco TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Sandra Lehde	Amount of contribution (\$) 23.70
Contributor address; City; State; Zip Code 8400 Stonebrook Pkwy, Frisco TX 75034		
Principal occupation / Job title (See Instructions) #1936		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Ashley Boyers	Amount of contribution (\$) 23.70
Contributor address; City; State; Zip Code 9338 Cherry Brook Lane, Frisco TX 75033		
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:

9 of 14

2 FILER NAME

Reed M Bpnd

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/03/2023

5 Full name of contributor

out-of-state PAC (ID#:

Justin Harville

7 Amount of contribution (\$)

47.70

6 Contributor address;

City;

State;

Zip Code

3263 Appleblossom Dr., Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Elizabeth Heinrich

Amount of contribution (\$)

95.70

Contributor address;

City;

State;

Zip Code

1508 Waterfall Lane, Little Elm TX 75068

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Andrew Cucci

Amount of contribution (\$)

47.70

Contributor address;

City;

State;

Zip Code

720 Telemark Trail, Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Casey McGinnis

Amount of contribution (\$)

191.70

Contributor address;

City;

State;

Zip Code

4029 Veneto Drive, Frisco TX 75033

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:

10 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/03/2023

5 Full name of contributor

out-of-state PAC (ID#:

Frank Deutschmann

7 Amount of contribution (\$)

191.70

6 Contributor address:

City:

State:

Zip Code

9300 DAYSTAR DR., Plano TX 75025

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Summer Elliott

Amount of contribution (\$)

47.70

Contributor address:

City:

State:

Zip Code

10712 Patton Drive, McKinney TX 75070

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Lyndi Linker

Amount of contribution (\$)

95.70

Contributor address:

City:

State:

Zip Code

2870 Killdeer Trail, Prosper TX 75078

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

out-of-state PAC (ID#:

Jennifer Kent

Amount of contribution (\$)

23.70

Contributor address:

City:

State:

Zip Code

15112 Christopher Lane, Frisco TX 75035

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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 of 14

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

5 Full name of contributor

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

Valerie Cohen

7 Amount of contribution (\$)

03/03/2023

6 Contributor address; City; State; Zip Code

6817 Southpoint Drive, Dallas TX 75248

43.86

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor

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

Amount of contribution (\$)

03/03/2023

Anna Preissig

Contributor address;	City;	State;	Zip Code
----------------------	-------	--------	----------

11771 Capitan Lane, Frisco TX 75033

21.78

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

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

Amount of contribution (\$)

03/02/2023

David Willey

Contributor address; City; State; Zip Code

6503 Eden Valley Drive, Frisco TX 75036

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

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

Amount of contribution (\$)

03/02/2023

Cassidy Johnston

Contributor address; City; State; Zip Code

8101 Bobwhite Drive, Frisco TX 75034

95.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: <i>12 of 14</i>
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) <i>92-1569017</i>
4 Date 03/01/2023	5 Full name of contributor out-of-state PAC (ID#: Elizabeth Heinrich 6 Contributor address; City; State; Zip Code 1508 Waterfall Lane, Little Elm TX 75068	7 Amount of contribution (\$) 95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: Marsha Flewelling Contributor address; City; State; Zip Code 3018 Catamaran Ct., Frisco TX 75036	Amount of contribution (\$) 71.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: Christopher Gilbert Contributor address; City; State; Zip Code 11306 Casa Grande Trl., Frisco TX 75033	Amount of contribution (\$) 95.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2023	Full name of contributor out-of-state PAC (ID#: Elizabeth Heinrich Contributor address; City; State; Zip Code 1508 Waterfall Lane, Little Elm TX 75068	Amount of contribution (\$) 95.70
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:

13 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

02/20/2022

5 Full name of contributor

out-of-state PAC (ID#:

Marian Maitlen

7 Amount of contribution (\$)

95.70

6 Contributor address;

City;

State;

Zip Code

1406 Randy Drive, Weatherford, TX TX 76086

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/20/2022

Full name of contributor

out-of-state PAC (ID#:

Lindy Shinn

Amount of contribution (\$)

23.70

Contributor address;

City;

State;

Zip Code

3615 Corkwood Drive, Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/2022

Full name of contributor

out-of-state PAC (ID#:

Rodney M Bond

Amount of contribution (\$)

23.70

Contributor address;

City;

State;

Zip Code

401 Boyd Dr. 1118, Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2022

Full name of contributor

out-of-state PAC (ID#:

Michelle Milholland

Amount of contribution (\$)

479.70

Contributor address;

City;

State;

Zip Code

6050 Chamberlyne Drive, Frisco TX 75034

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: 14 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 02/08/2023	5 Full name of contributor Kaitlyn Mathews out-of-state PAC (ID#: 6 Contributor address; 2836 Eccleston Street, Celina TX 75009 City; State; Zip Code	7 Amount of contribution (\$) 23.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

LOANS**SCHEDULE E**

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 E: /
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED LOANS		\$ 11,000.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City: State: Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

11 6

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

921569017

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 366.59

5 Date

01/13/2023

6 Payee name

Geeky Beths Marketing

7 Amount (\$)

550.00

8 Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Digital Marketing

(b) Description

Designed and modified website

(c)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

01/17/2023

Payee name

Geeky Beths Marketing

Amount (\$)

100.00

Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Digital Marketing

Description

Designed and modified website

Check if travel outside of Texas. Complete Schedule T.

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

116

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

921569017

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 366.59

5 Date

02/03/2023

6 Payee name

Geeky Beths Marketing

7 Amount (\$)

150.00

8 Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Digital Marketing

(b) Description

Designed and modified website

(c)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/15/2023

Payee name

Geeky Beths Marketing

Amount (\$)

145.00

Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Digital Marketing

Description

Designed and modified website

Check if travel outside of Texas. Complete Schedule T.

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

46

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

921569017

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 366.59

5 Date

02/21/2023

6 Payee name

Geeky Beths Marketing

7 Amount (\$)

332.50

8 Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Digital Marketing

(b) Description

Designed and modified website

(c)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

03/23/2023

Payee name

Geeky Beths Marketing

Amount (\$)

250.00

Payee address;

6505 SW 150th St, Augusta, KS 67010

City;

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Digital Marketing

Description

Designed and modified website

Check if travel outside of Texas. Complete Schedule T.

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:

4 6

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

921569017

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 366.59

5 Date

01/26/2023

6 Payee name

First Graphic Services

7 Amount (\$)

2,350.00

8 Payee address;

229 Garvon St., Garland, TX 75040

City;

State;

Zip Code

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising expense

(b) Description

Printing of campaign signs

(c)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02/14/2023

Payee name

First Graphic Services

Amount (\$)

3,769.37

Payee address;

229 Garvon St., Garland, TX 75040

City;

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Avertising expense

Description

Printing of campaign signs

Check if travel outside of Texas. Complete Schedule T.

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 46	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59
5 Date 03/27/2023	6 Payee name First Graphic Services	
7 Amount (\$) 667.91	8 Payee address; City; State; Zip Code 229 Garvon St., Garland, TX 75040	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Printing of campaign signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/14/2023	Payee name Print Runner	
Amount (\$) 195.14	Payee address; City; State; Zip Code 8000 Haskell Ave., Van Nuys, CA 91406	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Avertising expense	Description Printing of business cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 6	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59
5 Date 02/21/2023	6 Payee name U-Hall	
7 Amount (\$) 241.04	8 Payee address; 560 Kathryn Ln, Plano, TX 75025 City: State: Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description Distribution campaign materials
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 Date 02/17/2023	5 Payee name Walmart	
6 Amount (\$) 20.44	7 Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
Date 02/21/2023	Payee name Walmart	
Amount (\$) 172.41	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
Date 02/27/2023	Payee name Walmart	
Amount (\$) 113.38	Payee address; City State Zip Code Mistaken creditcard charge	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
Date 03/06/2023	Payee name Walmart	
Amount (\$) 15.44	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 Date 02/27/2023	5 Payee name Walmart	
6 Amount (\$) 113.31	7 Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
Date 03/13/2023	Payee name Walmart	
Amount (\$) 134.13	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
Date 03/20/2023	Payee name Walmart	
Amount (\$) 121.59	Payee address; City State Zip Code Mistaken creditcard charge	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
Date 03/20/2023	Payee name Walmart	
Amount (\$) 40.45	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 Date 03/21/2023	5 Payee name Walmart	
6 Amount (\$) 1.86	7 Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
Date 03/27/2023	Payee name Walmart	
Amount (\$) 5.00	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
Date 03/27/2023	Payee name Walmart	
Amount (\$) 161.43	Payee address; City State Zip Code Mistaken creditcard charge	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED