# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

FISD Trustee - Place 4  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'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 ADDRESS  Additional Pages  Additional Pages  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS							
OFFICEHOLDER NAME  NAME  BOND  APT SUITE & CITY.  STATE: ZIP CODE  APT 0 5 ZUZ3  APT 0 0 5 ZUZ		Guide explains ho	w to complete this form.		mmission Filers)	2 Total pages	filed: 28
ACAMDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #. CITY. STATE: ZE CODE MAILING ADDRESS / PO BOX: APT / SUITE #. CITY. STATE: ZE CODE MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION Date Mandedwivered of Date Pestimashed TREASURER NAME  Mr. Rodney  Mr. Rodney M	OFFICEHOLDER	Mr.	175-1200 501				E USE ONLY
OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE NUMBER EXTENSION  6 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS BOND  8 STATE: 27P CODE  MS / MRS / MR		NICKNAME			SUFFIX	Date Received	
S CAMPAIGN TREASURER NAME   PHONE NUMBER   EXTENSION   Date Mand-delivered or Date Postmarked Phone	OFFICEHOLDER MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·			APR O	5 2023
Mr. Rodney M Date Processed  Date Processed  Date Imaged  TREASURER ADDRESS (RO PO BOX PLEASE). APT / SUITE #. CITY.  401 Boyd Dr., Apt. 1118, Grapevine, TX 76051  STREET ADDRESS (RO PO BOX PLEASE). APT / SUITE #. CITY.  401 Boyd Dr., Apt. 1118, Grapevine, TX 76051  STATE: ZIP CODE  APPLICATION OF THE STATE: ZIP CODE	5 CANDIDATE/ OFFICEHOLDER	50.04.000.000.0000.0000.0000.000 -000.000.000		EXTENSION	N	Date Hand-delivere	d or Date Postmarked
TO CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY:  401 Boyd Dr., Apt. 1118, Grapevine, TX 76051  STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY: 401 Boyd Dr., Apt. 1118, Grapevine, TX 76051  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE  9 REPORT TYPE  January 15  John day before election  Runoff  Streeded Modified Pressurer appointment (Officeholder Only)  10 PERIOD COVERED  3 28 23  THROUGH 4 26 23  11 ELECTION  ELECTION DATE  Month Day Year Primary Runoff  Description  Special  12 OFFICE  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT  HIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT  COMMITTEE (S)  COMMITTEE TYPE  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER	Mr.	Rodney		202		Amount \$
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  10 PERIOD COVERED  11 ELECTION DATE  Month Day Year Month Day Year Month Description  ELECTION TYPE  Month Day Year Secured Modified Reporting Limit (Officeholder Chip)  12 OFFICE  13 OFFICE  14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTE OR POLITICAL COMMITTEE TO SUPPORT THE SHORMATON ONLY IF THEY RECEIVE MOTICE OF SUCH EXPENDITURES.  Additional Pages  401 Boyd Dr., Apt. 1118, Grapevine, TX 76051  AREA CODE PHONE NUMBER EXTENSION  RETERNSION  Runoff Street EXTENSION  Final Report (Attach CICH-FR)  Final Report (Attach CICH-FR)  Primary Runoff Street Stre			Bond		SUFFIX	Date Imaged	
TREASURER PHONE  (817 ) 475-9950  9 REPORT TYPE  January 15  July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Altach C/OH - FR)  10 PERIOD COVERED  3 / 28 / 23  THROUGH  4 / 26 / 23  11 ELECTION DATE  ELECTION DATE  Month Day Year  Primary Runoff Discription  Special  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known) FISD Trustee - Place 4  14 NOTICE FROM POLITICAL COMMITTEE (S)  Additional Pages  Additional Pages  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE TYPE  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER ADDRESS					STATE:	ZIP CODE
January 15  January 15  John day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)  10 PERIOD COVERED  Month Day Year  John Month Day Year  Month Day Year  Special  11 ELECTION  ELECTION DATE Month Day Year  Month Day Year  Month Day Year  Special  12 OFFICE  OFFICE  OFFICE  OFFICE HELD (if any)  This Box is for NoTice of POLITICAL CONTRIBUTIONS ACCEPTED by POLITICAL EXPENDITURES MAY HAVE BEEN MADE BY POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  Additional Pages  John day before election  Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Final Report (Attach	TREASURER			EXTENSION	ı		
11 ELECTION    ELECTION DATE   ELECTION TYPE	9 REPORT TYPE			ction Exceed	ded Modified	treasurer a (Officeholde	ppointment er Only)
Month Day Year Primary Runoff Obscription  5 6 23 General Special  12 OFFICE  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR OCNSENT. CANDIDATES AND OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  Additional Pages  Additional Pages  OCMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		No. 2			Month	2001-14-20-20-20-20-20-20-20-20-20-20-20-20-20-	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S 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.  Additional Pages  Additional Pages  Additional Pages  FIS D Trustee - Place 4  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S C	11 ELECTION	Month Day	Year Primary	Runoff	Other		
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'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S RAPY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S RAPY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S RAPY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S	12 OFFICE	OFFICE HELD (if any				Place 4	
Additional Pages  GENERAL  SPECIFIC  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	POLITICAL	THIS BOX IS FOR NOTION THE CANDIDATE / CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER, <i>THESE EXPENDITURES</i> S AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITICAL EXI	PENDITURES MA	DE BY POLITICAL CON	MITTEES TO SUPPORT DER'S KNOWLEDGE OR F SUCH EXPENDITURES.
Additional Pages  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	(0)		COMMITTEE NAME				
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages			ASURED NAME			
		SPECIFIC					
GO TO PAGE 2			GO TO F	PAGE 2			

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Reed M Bond	<b>16</b> F	er 10 9215	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	s	7,389.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	S	366.59
	4. TOTAL POLITICAL EXPENDITURES	\$	7,868.97
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	s	0.00
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s	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 4 - 2a - 1			
(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
(2) Unsworn Declaration	OR		
My name is Reed M Bond	and my date	e of birth is 8/3	1/1981
My address is 2741 Costa Mesa Dr.	Little Elm	TX	75068 USA
(street)	a (aity)	(state)	(zip code) (country)
Executed in Denton County. State	of IX on the 3rd day	of April	20 13
	-0	My -	) (year)
	Signatur	e of Candidate/O	fficeholder (Declarant)

#### APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 See CTA Instruction Guide for detailed instructions. 1 Total pages filed MS / NRS MR CANDIDATE PIRST OFFICE USE ONLY NAME Mr. Reed M FIRTID # MICKNAME LAST SUFFIX Date Reteived Bond APR 0 3 2023 ADDRESS / PO BOX CANDIDATE APT SUITE # STATE ZIP CODE MAILING 2741 Costa Mesa Dr., Little Elm. TX 75068 ADDRESS Date Hand-delivered or Postmarked CANDIDATE AREA CODE PHONE NUMBER EXTENSION Receipta Amgun( 5 PHONE (817)832-4139 Date Processed 5 OFFICE Date (mayor) HELD if any OFFICE SOUGHT FISD Trustee - Place 4 Tif Known) MS/MRS/MR CAMPAIGN MICHNAME LAST SUFFIX TREASURER NAME Mr. Rodney M Bond STREET ADDRESS CAMPAIGN APT SUITE #ITM STATE ZIP CODE TREASURER 401 Boyd. Dr. 1118 Grapevine. TX STREET 76051 ADDRESS residence of pushess CAMPAIGN PHONE WUNTER 世外できれられてい TREASURER PHONE ( 817 ) 475-9950 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.

GO TO PAGE 2

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	d M Bond	20 Filer ID (Ethics Co. 921569017	mmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 7,389.02
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	RIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		
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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			s 7,868.97
9.	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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
Reed M E			3 Filer ID (Ethics Commission Filers) 92-15-69017
4 Date 03/13/2023	5 Full name of contributor Patrick Wamhoff  6 Contributor address; City; State; Zip Code 1136 Churchill Dr., Frisco, TX 75036		7 Amount of contribution (\$) 238.38
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/13/2023	Full name of contributor  R Kerry Huffman  Contributor address;  City;  9423 Tanyard LN, Frisco,	State; Zip Gode	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/17/2023	Full name of contributor out-of-state PAC (IE James Smith  Contributor address; City; 2535 Loch Haven Ct., Frisco, TX	State; Zip Code	Amount of contribution (\$)  100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID) Terry D Gooch Contributor address; City: 1636 Lake Way Dr., Little Elm, T.	State; Zip Code	Amount of contribution (\$)
Principal occup	valion / Job title (See Instructions)	Employer (See Instructi	ons)
,opgi decup	ensor, soo ine (see instructions)	Employer (See Instructi	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 0 1 / 4
Reed M E			3 Filer ID (Ethics Commission Filers 92-1569017
4 Date 03/18/2023	5 Full name of contributor out-of-state PAC ( Sue Gamboa  6 Contributor address; City;  2675 Calmwood Dr., Little Elm,	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/18/2023	Full name of contributor  Joanne M.G. Janssen  Contributor address;  City:  1316 Pelican Dr., Frisco,	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/27/2023	Full name of contributor out-of-state PAC (I Brett McCann Contributor address; City; 6295 Larkspur Ln., Frisco, TX 75	State; Zip Code	Amount of contribution (\$)  47.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/27/2023	Full name of contributor  Toni Fabry  Contributor address;  City:  7338 Willow Creek Drive, Frisco	State: Zip Code	Amount of contribution (\$)  47.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
03/27/2023	Toni Fabry  Contributor address; City:  7338 Willow Creek Drive, Frisco	State: Zip Code TX 75703	47.7

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Reed M E			3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/26/2023	5 Full name of contributor out-of-state PAC Scott Fagan 6 Contributor address: City: 4727 Druid Hills Dr., Frisco TX	7 Amount of contribution (\$) 191.70	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 03/23/2023	Full name of contributor  Vickie Costa  Contributor address;  City;  10521 Chablis Lane, Frisco TX	State; Zip Code	Amount of contribution (\$)  47.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ins)
Date 03/23/2023	Shirley Robert  Contributor address: City: 6362 Loudoun Springs Drive, Fr	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 03/21/2023	Full name of contributor out-of-state PAC Howard Akin  Contributor address; City;  44 Armstrong Drive, Frisco TX 7	State: Zip Code	Amount of contribution (\$) 959.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Principal occup		75034	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1:
Reed M E		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/21/2023	5 Full name of contributor out-of-state PAC (ID# Shannon Clay  6 Contributor address; City; s  15039 Spider Lily Rd, Frisco TX 7	7 Amount of contribution (S)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date 03/19/2023	Full name of contributor out-of-state PAC (ID# Kent Sexton  Contributor address; City; s 13167 Cleburne Drive, Frisco TX	tate; Zip Code 47.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#)  DeLeon English  Contributor address; City; Si  1441 Thornhill Lane, Little Elm TX	239.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/15/2023	Full name of contributor  Sabine Durbin  Contributor address;  7501 Veronica Lane, Frisco TX 75	47 <sub>.</sub> 70
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
, moyal occup	audit / Jub title (See Instructions)	Employer (See Instructions)

#### SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Bond	3 Filer ID (Ethics Commission Filers 92-1569017
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 7836 Roundtable Road, Frsico TX 75035	23.70
mation / Joh title 10	ctions)
Full name of contributor out-of-state PAC (ID#:) Amy Snow	Amount of contribution (\$)
Contributor address: City: State; Zip Code 14551 Daneway Drive, Frisco TX 75035	47.70
pation / Job title (See Instructions) Employer (See Instru	ctions)
Full name of contributor out-of-state PAC (ID#:)  Sonya Christle	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3746 Elmstead Drive, Frisco TX 75034	47.70
pation / Job title (See Instructions) Employer (See Instruc	ctions)
Full name of contributor out-of-state PAC (ID#)  Keith Groat	Amount of contribution (\$)
Contributor address: City; State: Zip Code 4936 Toledo Bend Dr., Frisco TX 75033	959.70
ation / Job title (See Instructions) Employer (See Instruc	ctions)
	Sond  5 Full name of contributor Gerald Turner  6 Contributor address; City: State; Zip Code 7836 Roundtable Road, Frsico TX 75035  pation / Job title (See Instructions)  Full name of contributor Amy Snow  Contributor address; City: State; Zip Code 14551 Daneway Drive, Frisco TX 75035  Pation / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#:

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Reed M E	ond		3 Filer ID (Ethics Commission Filers) 92-15-69017
4 Date	5 Full name of contributor out-of-state PAC Julie Greene	(ID#:)	7 Amount of contribution (\$)
03/07/2023	6 Contributor address: City: 2909 Hagen Drive, Planc	State; Zip Code TX 75025	95.70
3 Principal occu	antique ( lab illia (O)   Lat of the	9 Employer (See Instruction	ons)
Date 03/05/2023	Full name of contributor out-of-state PAC (		Amount of contribution (\$)
	6308 Brownstone Dr., McKinney	State; Zip Code / TX 75070	47.70
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
03/04/2023	Brenda Rogers  Contributor address: City; State; Zip Code  2251 Feathering Dr. Frisco TX 75036		9.30
Principal occup	palion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (	ID#:	Amount of contribution (\$)
03/04/2023	Contributor address; City:  13370 Bayfield Drive, Frisco TX	State: Zip Code	191.70
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
Reed M E			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;  16417 Ryder Rock Rd., Frisco TX	7 Amount of contribution (\$) 95.70	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/04/2023	Full name of contributor  Lennea Hartoonian  Contributor address;  City:  11043 Ruidosa Lane, Frisco TX 7	State; Zip Code	Amount of contribution (\$)  239.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor  Lisa Akerly  Contributor address;  City:  12398 Flowering Drive, Frisco TX	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor  Jena Masquelier  Contributor address;  City:  3071 Cape Buffalo Trail, Frisco T	State: Zip Code	Amount of contribution (\$) 959.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDUL E AS NE	EDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Reed M E			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  6 Contributor address: City; State; Zip Code 6817 Southpoint Drive, Dallas TX 75248		7 Amount of contribution (\$) 239.70
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor out-of-state PAC Misty Wamhoff  Contributor address; City;  1136 Churchill Dr., Frisc	State; Zip Code	Amount of contribution (\$) 47.70
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor out-of-state PAC Sandra Lehde  Contributor address; City;  8400 Stonebrook Pkwy, Frisco	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) #1936	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor  Ashley Boyers  Contributor address;  City;  9338 Cherry Brook Lane, Frisco	State; Zip Code	Amount of contribution (\$)  23.70
Principal occup	ration / Job title (See Instructions)	Employer (See Instruction	ons)
Principal occup	The second secon	the of Automatical Alexander	ons)

SCHEDULE A1

	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Reed M E			3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/03/2023	5 Full name of contributor out-of-state PAI Justin Harville 6 Contributor address; City; 3263 Appleblossom Dr., Frisco	State; Zip Code	7 Amount of contribution (\$)  47.70
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Date 03/03/2023	Full name of contributor  Elizabeth Heinrich  Contributor address;  City;  1508 Waterfall Lane, Little Elm	State; Zip Code	Amount of contribution (\$) 95.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor out-of-state PAC Andrew Cucci  Contributor address; City: 720 Telemark Trail, Frisco TX 7	State; Zip Code	Amount of contribution (\$) 47.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2023	Full name of contributor  Casey Mcginnis  Contributor address;  City:  4029 Veneto Drive, Frisco TX 7	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE A1

Deutschmann  Jeutschmann  Jeutschmann  Jeutschmann  Jeutschmann  C  DAYSTAR DR., Pla  Jeutschmann  Jeutschman	9 Employer (See Instruc	Amount of contribution (\$)  47.70
Deutschmann  Otor address: C  OAYSTAR DR., Pla  Itle (See Instructions)  The of contributor out  Out Elliott  Itor address; Ci  Patton Drive, McK  Ite (See Instructions)	sity; State; Zip Code  ano TX 75025  9 Employer (See Instruction-state PAC (ID#:)  ity; State; Zip Code  Kinney TX 75070	7 Amount of contribution (\$)  191.70  tions)  Amount of contribution (\$)  47.70
ne of contributor out er Elliott  Itor address; ci Patton Drive, McK	ity: State; Zip Code Kinney TX 75070	Amount of contribution (\$)  47.70
er Elliott  Itor address; ci  Patton Drive, McK  Ie (See Instructions)	ity: State; Zip Code Kinney TX 75070	47.70
le (See Instructions)	Kinney TX 75070	
	Employer (See Instruct	ions)
e of contributor out		
inker  tor address; cit		Amount of contribution (\$) 95.70
	Employer (See Instruct	ions)
Kent tor address; City	y; State; Zip Code	Amount of contribution (\$)
	Employer (See Instructi	ons)
1	tle (See Instructions)  ne of contributor out  Kent  tor address; Cit	tor address; City; State; Zip Code  Christopher Lane, Frisco TX 75035

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
Reed M E			3 Filer ID (Ethics Commission Filers)  92~1569017
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (Valerie Cohen  6 Contributor address; City;  6817 Southpoint Drive, Dallas TX	State; Zip Code	7 Amount of contribution (\$) 43.86
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/03/2023	Full name of contributor out-of-state PAC (I Anna Preissig  Contributor address; City;  11771 Capitan Lane, Frisco TX 7	State; Zip Code	Amount of contribution (\$)  21.78
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/02/2023	Full name of contributor out-of-state PAC (I David Willey  Contributor address: City:  6503 Eden Valley Drive, Frisco T	State; Zip Code	Amount of contribution (\$)  47.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/02/2023	Full name of contributor out-of-state PAC (III Cassidy Johnston Contributor address; City; 8101 Bobwhite Drive, Frisco TX	State; Zíp Code	Amount of contribution (\$) 95.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
PILER NAME Reed M E	ond		3 Filer ID (Ethics Commission Filers) 92-15-6-9017
4 Date 03/01/2023	5 Full name of contributor  Elizabeth Heinrich  6 Contributor address; City; State; Zip Code  1508 Waterfall Lane, Little Elm TX 75068		7 Amount of contribution (\$) 95.70
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date 03/01/2023	Full name of contributor  Marsha Flewelling  Contributor address;  City;  Contributor address City;	State; Zip Code	Amount of contribution (\$) 71.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/27/2023	Full name of contributor out-of-state PAC (I Christopher Gilbert Contributor address: City; 11306 Casa Grande Trl., Frisco	State; Zip Code	Amount of contribution (\$) 95.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/26/2023	Full name of contributor out-of-state PAC (II Elizabeth Heinrich Contributor address; City:  1508 Waterfall Lane, Little Elm T	State: Zip Code	Amount of contribution (\$) 95.70
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)

#### SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	3 Filer ID (Ethics Commission Filers) 92-1569017
5 Full name of contributor out-of-state PAC (ID#:)  Marian Maitlen	7 Amount of contribution (S)
6 Contributor address; City: State: Zip Code 1406 Randy Drive, Weatherford, TX TX 76086	95.70
malian I lab dur 10 de	tions)
Full name of contributor out-of-state PAC (ID#:)  Lindy Shinn  Contributor address; City; State; Zip Code	Amount of contribution (\$)
potion / Let 191. 70	
Rodney M Bond	Amount of contribution (\$)
Contributor address; City; State; Zip Code 401 Boyd Dr. 1118, Grapevine, TX 76051	23.70
eation / Job title (See Instructions) Employer (See Instructions)	ions)
Full name of contributor out-of-state PAC (ID#)  Michelle Milholland	Amount of contribution (\$)
Contributor address; City; State; Zip Code  6050 Chamberlyne Drive, Frisco TX 75034	479.70
ation / Job title (See Instructions) Employer (See Instructions)	ons)
	Marian Maitlen  6 Contributor address; City: State: Zip Code 1406 Randy Drive, Weatherford, TX TX 76086  Apation / Job title (See Instructions)  Full name of contributor  Lindy Shinn  Contributor address; City: State; Zip Code 3615 Corkwood Drive, Frisco TX 75034  Pation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Rodney M Bond  Contributor address; City: State; Zip Code 401 Boyd Dr. 1118, Grapevine, TX 76051  Pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#

SCHEDULE A1

Reed M Bond  4 Date	(Ethics Commission Filers (569017) of contribution (\$)	
National Contributor   National Contributor		
2836 Eccleston Street, Celina TX 75009  3 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City; State; Zip Code  Amount of Contributor address;  City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	23.70	
Date Full name of contributor out-of-state PAC (ID#:		
Contributor address; City; State; Zip Code  Principal occupation / Job fitle (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address;  City; State; Zip Code  Amount of Contributor address;  City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	of contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:		
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)	
Date Full name of contributes		
Date Full name of contributor out-of-state PAC (ID#) Amount of the contributor out-of-state PAC (ID#)		
	of contribution (\$)	
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		

#### LOANS

#### SCHEDULE E

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
Reed M Bono	d		3 Filer ID (Ethics Commission Filer 921569017
4 TOTAL OF UN	NITEMIZED LOANS		\$ 11,000.00
5 Date of loan	7 Name of lender  ut-of-state	e PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City: State; Zip Code		10 Interest rate  11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	nds were deposited into political
16 GUARANTOR INFORMATION	INFORMATION		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state PAC (ID#:)		Loan Amount (\$)
Is lender a financial Institution?	a financial		Interest rate
□ Y □ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were deposited into political	
none		account (See Instruct	lions)
GUARANTOR INFORMATION	Name of guarantor	A. C.	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
and the state of the state of	on (See Instructions)	Employer (See Instructions)	

#### SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Office Ov.  Food/Beverage Expense Polling E  By Gilt/Awards/Memorials Expense Printing E	payment/Reimbursement erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CI	REDIT CARD	\$ 366.59
5 Date 01/13/2023	6 Payee name Geeky Beths Marketing		* 300.39
7 Amount (\$) 550.00	8 Payee address; 6505 SW 150th St, Augusta, KS 670	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-P	olitical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Marketing	(b) Description Designed and	d modified website
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Au Office sought	stin, TX, officeholder living expense Office held
Date 01/17/2023	Payee name Geeky Beths Marketing		
Amount (\$) 100.00	Payee address; 6505 SW 150th St, Augusta, KS 670	Gity; 10	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Marketing	Description Designed and	d modified website
	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	EDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By al Committee	EXPENDITURE CATE Event Expense Fees Food/Beverage Expense Git/Awards/Memonals Expense Legal Services The Instruction Guide explai	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement orhead/Rental Expense spense xpense Vagos/Contract Labor	Tr Tr	olicitation/Fundraising Expense ansportation Equipment & Related Expens avel In District avel Out Of District ther (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER N	AME		omplete this form.		iler ID (Ethics Commission Filers)
4 TOTAL OF UNITEM		NDITURES CHARGED	TOACE	REDIT CARD	\$	366.59
5 Date	6 Payee n	ame				000.00
02/03/2023	Geeky B	eths Marketing				
7 Amount (\$) 150.00	8 Payee a 6505 SW	<sup>ddress;</sup> 150th St, Augusta, I	KS 6701	City:		State; Zip Code
9 TYPE OF EXPENDITURE	■ P	olitical	Non-Po	plitical		
10 PURPOSE OF EXPENDITURE	(a) Category Digital M	(See Categories listed at the top of this larketing	schedule)	(b) Description Designed and	d mo	odified website
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	istin. TX	C, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder name	o	office sought		Office held
Date 02/15/2023	Payee no	ame eths Marketing				
Amount (S)	Payee a	ddress;		City;		State; Zip Code
145.00	6505 SW	150th St, Augusta, I	KS 670			State; Zip Code
TYPE OF EXPENDITURE	■ Po	litical	Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category Digital M	(See Categories listed at the top of this arketing	schedule)	Description Designed and	d mo	odified website
		Check if travel outside of Texas, Complete	Schedule T.	Check if Au	stin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder name	0	ffice sought		Office held
	ATTACH	ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEI	EDEC	

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 GilVAwards/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reed M Bond 921569017 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 366.59 5 Date 6 Payee name 02/21/2023 Geeky Beths Marketing 7 Amount (S) 8 Payee address; City: State; Zip Code 6505 SW 150th St, Augusta, KS 67010 332.50 TYPE OF . Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Digital Marketing PURPOSE Designed and modified website OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/23/2023 Geeky Beths Marketing Amount (\$) Payee address; City; State: Zip Code 6505 SW 150th St, Augusta, KS 67010 250.00 TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description **Digital Marketing** PURPOSE Designed and modified website OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reed M Bond 921569017 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 366.59 5 Date 6 Payee name 01/26/2023 First Graphic Services 7 Amount (\$) 8 Payee address: City: State; Zip Code 229 Garvon St., Garland, TX 75040 2,350.00 TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising expense PURPOSE Printing of campaign signs OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 02/14/2023 First Graphic Services Amount (S) Payee address; City; State: Zip Code 229 Garvon St., Garland, TX 75040 3,769.37 TYPE OF Political EXPENDITURE Non-Political Category (See Categories listed at the top of this schedule). Description Avertising expense PURPOSE Printing of campaign signs OF EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense de By Gifl/Awards/Memorials Expense Printing Expense	nent Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District			
Dr. V. Novill	The Instruction Guide explains how to complete this for	m.			
1 Total pages Schedule F4	Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017			
4 TOTAL OF UNITE	MIZED EXPENDITURES CHARGED TO A CREDIT CARD	s 366.59			
5 Date	6 Payee name				
03/27/2023	First Graphic Services				
7 Amount (\$) 667.91	8 Payee address: City: 229 Garvon St., Garland, TX 75040	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	on f campaign signs			
	(c) Check if travel outside of Texas. Complete Schedule T. Check	k if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name Office sought	Office held			
Date 02/封/2023	Payee name Print Runner				
Amount (\$) 195.14	Payee address; City; 8000 Haskell Ave., Van Nuys, CA 91406	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 o	f business cards			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name Office sought	Office held			

#### SCHEDULE F4

	EXPENDITURE CATEO	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Git/Wwards/Memonals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME	is now to complete this form.	T- 40 / 12 / 20 / 12	
6	Reed M Bond		3 Filer ID (Ethics Commission Filers) 921569017	
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 366.59	
5 Date	6 Payee name		1 777.77	
02/21/2023	U-Hall			
7 Amount (\$)	8 Payee address;	City	00000	
241.04	560 Kathryn Ln, Plano, TX 750	025	State; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this s	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Event expenses		campaign materials	
	(c) Check if travel outside of Texas, Complete S	Schedule T. Check if A	Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	Gity;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this s	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	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I:	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: 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Mistaken creditcard charge	(b) Description (Sereguired.) Groceries	ee instructions regarding type o	finformation
Date 02/21/2023	Payee name Walmart			
Amount (\$) 172.41	Payee address: 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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		8	
Amount (\$) 113.38	Payee address; Mistaken creditcard charge	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  12220 FM 423, Frisco, TX 75033	Description (Se required.) Groceries	a instructions regarding type of	information
Date 03/06/2023	Payee name Walmart			
Amount (\$) 15.44	Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Mistaken creditcard charge	Description (se required.) Groceries	o instructions regarding type of	information

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I:	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: 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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; Mistaken creditcard charge	City	State	Zíp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  12220 FM 423, Frisco, TX 75033	Description (Se required.) Groceries	e instructions regarding type of	Information
Date 03/20/2023	Payee name Walmart			
Amount (\$) 40.45	Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Mistaken creditcard charge	Description (Se required.) Groceries	e instructions regarding type of	information

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to co				
1 Total pages Schedule I:	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; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Mistaken creditcard charge	(b) Description (Se required.) Groceries	e instructions regarding type o	f information	
Date 03/27/2023	Payee name Walmart				
Amount (\$) 5.00	Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Mistaken creditcard charge	Description (So required.) Groceries	ee instructions regarding type o	f information	
Date 03/27/2023	Payee name Walmart				
Amount (\$) 161.43	Payee address; Mistaken creditcard charge	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (So required.) Groceries	ee instructions regarding type o	f information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regarding type o	f information	