FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 22 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Jimmy R NAME Date Received NICKNAME LAST SUFFIX Ross Date Hand-delivered or Date Postrgarked ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / ZIP CODE OFFICEHOLDER S 1975 Ballpark Way MAILING Receipt# Amount 🐬 ADDRESS #201605 Change of Address Arlington, TX 76006 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI TREASURER Georgie NAME NICKNAME LAST SUFFIX Zang CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE TREASURER 1000 Ballpark Way **ADDRESS** Suite #300 (Residence or Business) Arlington, TX 76011 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** 817-228-8550 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) X reporting limit PERIOD Month Day Year Month Day Year COVERED 03/28/2023 THROUGH 04/26/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Year Primary Runoff Other 05/06/2023 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor City of Arlington Mayor City of Arlington **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SOFFORT	w TOTALO			2 of 22							
13 C / OH NAME	Ross, Jimmy R		14 Filer ID								
			200								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	colltical contributions accepted or political expenditual These expenditures may have been made without I officeholders are required to report this information	the candidate's or officeh	holder's knowledge or							
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME									
	SPECIFIC	COMMITTEE ADDRESS									
		COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss								
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEI		\$ 0.00							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 39,319.0										
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		s 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 52,074.56							
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 15,181.47							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPORT	ALAMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 112,723.13							
17 AFFIDAVIT	QUY NGUYEN Notary ID #129462598 My Commission Expires July 16, 2025	Signature of	y of perjury, that the acco il information required to Candidate or Officeholds	be reported by me							
Sworn to and subsc	ribed before me, by the sa	id	, this the	day day							
	er administering	QNY NGNYGN/ Printed name of difficer administering		administering oath							

SUBTOTALS - C/OH

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

				3 of 22				
18 FILER NAME Ross, Jimmy R		19 Filer ID						
20 SCHEDULE SUBT NAME OF SCHED			SUBTOTA	AL AMOUNT				
1. X SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,440.00				
2. X SCHE	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3. 🗌 SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X SCHE	EDULE E: LOANS		\$	1,000.00				
5. X SCHE	EDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	52,074.56				
6. SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. SCHE	EDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9. SCHE	EDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10. SCHE	EDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11. SCHE	EDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ons	\$					
12. SCHE	DULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F LER	RETURNED	\$					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/8 Rpt: 4/22 2 FILER NAME 3 Filer ID Ross, Jimmy R Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 04/10/2023 APT Association Tarrant County PAC \$3,500.00 6 Contributor address; City; State; Zip Code 6350 Baker Blvd. Richland Hills, TX 76118 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2023 Awesome Catering DFW LLC \$500.00 Contributor address; City; State; Zip Code 3401 Somerset Dr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 03/30/2023 Bahar Remodeling \$250.00 Contributor address; City; State; Zip Code 2002 Candlewood Dr. Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 04/13/2023 \$1,000.00 Bell Textron Inc PAC Contributor address; City; State; Zip Code PO Box 482 Fort Worth, TX 76101 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 04/04/2023 \$1,000.00 Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code 601 East 7th St Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/8 Rpt: 5/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 04/14/2023 Bettis, Lesley Roberson \$25.00 6 Contributor address; City; State; Zip Code 10300 Reata Estates Dr Mansfield, TX 76063 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 04/13/2023 Carter, Owen Kelton \$50.00 Contributor address; City; State; Zip Code 2401 Villa Vera Dr Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2023 Debaun, Rodney & Isibelle \$5,000.00 Contributor address; City; State; Zip Code 2704 N Walnut Grove Rd Midlothian, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2023 Duncan, Michael \$100.00 Contributor address; City; State; Zip Code 5 Rogers Ct. Pantego, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/31/2023 Elliott, Samuel \$200.00 Contributor address; City; State; Zip Code 1920 Springbranch Dr Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/8 Rpt: 6/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 04/05/2023 \$500.00 Ford, Randy Contributor address; City; State; Zip Code 3507 Townlake Circle Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#: 04/05/2023 Frazier, Richard \$250.00 Contributor address; City; State; Zip Code 2001 Chantilly Court Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2023 Galante, Mauricio \$300.00 Contributor address; City; State; Zip Code 1301 NE Green Oaks Blvd Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2023 Hendricks, Randy & Jolanda \$50.00 Contributor address; City; State; Zip Code 3110 Westador Dr Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2023 Hogg, Bowie J. & Leslie E. \$200.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 Version V3.5.1.7bd706d4 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 4/8 Rpt: 7/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/17/2023 \$20.00 Hopkins, David 6 Contributor address; City; State; Zip Code 406 Elliott St Arlington, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2023 Jennings, Jessica \$20.00 Contributor address; City; State; Zip Code 6402 Running Creek Dr Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2023 Kobty, Aziz \$5,000.00 Contributor address; City; State; Zip Code PO Box 13186 Arlington, TX 76094 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 04/17/2023 Kobty, Tariq A & Sheyna L \$1,000.00 Contributor address; City; State; Zip Code PO Box 122139 Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2023 Lager, Gennady \$100.00 Contributor address; City; State; Zip Code 7865 Alameda Creek St Las Vegas, NV 89113 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/8 Rpt: 8/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2023 Long, Kathleen \$5,000.00 6 Contributor address; City; State; Zip Code 1903 Peyco Drive N Arlington, TX 76001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#: 04/14/2023 \$50.00 Manderfield, Kellie Contributor address; City; State; Zip Code 5811 Arbor Valley Dr Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) Date 04/11/2023 Martinez, Raul G. \$100.00 Contributor address; City; State; Zip Code 2011 Thames Drive Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/20/2023 Nunez, Ignacio \$75.00 Contributor address; City; State; Zip Code 1800 Raydon Drive Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/14/2023 Ogle, Wayne \$100.00 Contributor address; City; State; Zip Code 4105 Westoor Place Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/8 Rpt: 9/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 7 Amount of Contribution (\$) Date 5 Full name of contributor ut-of-state PAC (ID#: 04/18/2023 \$100.00 Ortiz, Giana 6 Contributor address; City; State; Zip Code 1312 W Second Arlington, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/12/2023 \$50.00 Peay, Kelly Contributor address; City; State; Zip Code 3116 Woodford Dr Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/13/2023 Pena, A. Gloria & Richard \$50.00 Contributor address; City; State; Zip Code 5102 Oak Gate Ct Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 04/13/2023 Pope, Carolyn R. Contributor address; City; State; Zip Code 1614 Creek Bank Ln. Arlington, TX 76014 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2023 \$100.00 Ryan, Julie & Jay Contributor address; City; State; Zip Code 505 Crown Colony Drive Arlington, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/8 Rpt: 10/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2023 Sampson, Anthony \$250.00 Contributor address; City; State; Zip Code 700 Highlander Blvd Arlington, TX 76015 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/11/2023 Scott, JS & Linda S \$200.00 Contributor address; City; State; Zip Code 3700 Cross Bend Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/06/2023 Scotter, Alan Van J. \$50.00 Contributor address; City; State; Zip Code 5304 Antony Court Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/29/2023 Sewell, Charles Thomas \$100.00 Contributor address; City; State; Zip Code 604 Crown Colony Dr. Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#: 03/29/2023 Standifer, Todd H \$250.00 Contributor address; City; State; Zip Code 2318 Crown Colony Dr Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Version V3.5.1.7bd706d4

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/8 Rpt: 11/22 2 FILER NAME 3 Filer ID Ross, Jimmy R 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/26/2023 Sumpter, Jacob W & Esther M \$350.00 6 Contributor address; City; State; Zip Code 7011 Lake Powell Dr Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2023 Thalman, Roxanne \$100.00 Contributor address; City; State; Zip Code 4438 Massey Meadows Wa Midlothian, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2023 Troutman, Glenn & Sara \$250.00 Contributor address; City; State; Zip Code 3600 Yachtclub Dr Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0 Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2023 Wilkerson, Denise \$100.00 Contributor address; City; State; Zip Code 1808 Winewood Lane Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/05/2023 Zimmer, Stephen R. \$1,000.00 Contributor address; City; State; Zip Code 407 E Beady Rd. Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 0

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/22 2 FILER NAME Ross, Jimmy R \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor 9 In-kind contribution ut-of-state PAC (ID#: 8 Amount of contribution (\$) description 04/20/2023 Arlington Professional Fire Fighters Assoc \$11,879.00 Direct Mailers & Signs 7 Contributor address; City; State; Zip Code 208 S Fielder Rd Arlington, TX 76013 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.		ges Schedule E: 1 Rpt: 13/22
2 FILER NAME Ross, Jimmy R	P		3 Filer ID	
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan 04/25/2023	7 Name of lender out-of-state PA Ross, Jimmy R	C (ID#:		9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution?		10 Interest Rate		
No		11 Maturity Date		
12 Principal occupation	i)			
14 Description of Col X None	re deposited	into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	(71 1 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
20 Principal occupation	on	21 Employer (See Instructions)	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor					
-	Total company Date of the first			HOW to COI	spiete this form.	la eu ia				
1	Total pages Schedule F1: Sch: 1/9 Rpt: 14/22	Ross, Jim				3 Filer ID				
4	Date	5 Payee nar	ne							
	03/29/2023	Anedot								
6	Amount (\$)	7 Payee add	fress; City; State;	Zip Co	ie					
	\$4.30	1921 McF	Kinney Avenue							
		7th Floor								
L		Dallas, T	X 75202							
8	PURPOSE	(a) Category	(See Categories listed at the top of this scho	edule)	(b) Description					
	OF EXPENDITURE	Fees				outside of Texas. Complete Schedule T.				
					Anedot Fees	n, TX, officeholder living expense				
					71100001 000					
9	Complete ONLY if direct	Candidate/C	Officeholder name C	Office soug	.ht	Office held				
	expenditure to benefit C/O			nice sout	, iii	Office field				
	Date	Payee nan	ne							
	04/04/2023	Anedot								
Г	Amount (\$)	Payee add	ress; City; State;	Zip Cod	le					
	\$8.30	1921 Mck	(inney Avenue							
		7th Floor								
		Dallas, T	K 75202							
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	EXPENDITURE				Check if Austin	n, TX, officeholder living expense				
					Anedot Fees					
L										
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name O	office soug	ht	Office held				
	Date	Payee nan	ne	-						
	04/04/2023	Anedot								
	Amount (\$)	Payee add	ress; City; State;	Zip Coo	le					
	\$4.30	1921 Mck	(inney Avenue							
		7th Floor								
		Dallas, TX	C 75202							
	PURPOSE	(a) Category	(See Categories listed at the top of this sche	edule) I	b) Description		-			
	OF EXPENDITURE	Fees	form and desired of the talk of the annual	,		outside of Texas. Complete Schedule T.				
	EXPENDITURE					, TX, officeholder living expense				
	į				Anedot Fees					
	O	0	W 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<i>''</i>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name O	ffice soug	nt	Office held				
							ı			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpens Wages	se S/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
4. Tetal cance Cabada la Etc.	la =======		ump movi to co	nipi		_	E# IP
1 Total pages Schedule F1: Sch: 2/9 Rpt: 15/22	Ross, Jime					3	Filer ID
4 Date	5 Payee name	e					-
04/06/2023	Anedot						
6 Amount (\$)	7 Payee addr	ess; City; S	itate; Zip Co	ode			
\$4,30	1921 McKi	inney Avenue					
	7th Floor						
	Dallas, TX	75202				_	
8 PURPOSE OF	(a) Category (See Categories listed at the top of th	is schedule)	(b)	Description		
EXPENDITURE	Fees			ĺ	_		ide of Texas. Complete Schedule T.
					Anedot Fees	, 14	, officeholder living expense
9 Complete ONLY if direct		fficeholder name	Office sou	<u>l</u> ight			Office held
expenditure to benefit C/OI	H						
Date	Payee name	е					
04/10/2023	Anedot						
Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	ode			
\$63.20	1921 McKi	inney Avenue					
	7th Floor						
	Dallas, TX	75202					
PURPOSE	(a) Category (See Categories listed at the top of th	is schedule)	(b)	Description		
OF EXPENDITURE	Fees				□		ide of Texas, Complete Schedule T.
						, TX,	, officeholder living expense
					Anedot Fees		
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ight			Office held
						_	
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04/11/2023	Anedot						
Amount (\$)	Payee addre		tate; Zip Co	de			
\$40.30	1921 McKi	nney Avenue					
	7th Floor						
	Dallas, TX	75202					
PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description	Т	
OF EXPENDITURE	Fees				_		ide of Texas. Complete Schedule T.
					Anedot Fees	, IX.	, officeholder living expense
					, a leader Fees		
Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght		_	Office held
expenditure to benefit C/OI				,			

SCHEDULE F1

L	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expenso Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expen Legal Services The Instruction Guide e	Office (Polling se Printing Sajarte:	Overhea Expens Expers/Wage	nse es/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 F1:	2	FILER NAMI	ILER NAME 3 Filer ID						
	Sch: 3/9 Rpt: 16/22	_	Ross, Jimn					Ĭ	TREE TO	
4	Date	5	Payee name							
L	04/14/2023	L	Anedot							
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip (Code				
	\$2.30	l	1921 McKir	nney Avenue						
		ı	7th Floor							
			Dallas, TX	75202						
8	PURPOSE	(a)	Category	ee Categories listed at the top	of this calcast day	(b)	Description			
Ľ	OF	(-,	Fees	ee Categories listed at the top	oi triis scheduje)	100		outs	ide of Texas, Complete Schedule T.	
	EXPENDITURE		1 000				Check if Austin	ı, TX	, officeholder living expense	
							Anedot Fees			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office so	ought			Office held	
Г	Date	Π	Payee name						-	
	04/18/2023		Anedot							
┝	Amount (\$)		Payee addre	ess; City;	State; Zip C	Code				
	\$20.30			ney Avenue	James, E.P					
	\$20.00		7th Floor	mey Avenue						
L			Dallas, TX	75202						
	PURPOSE	(a)	Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE		Fees				land.		ide of Texas. Complete Schedule T,	
						1	_		, officeholder living expense	
l							Anedot Fees			
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	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office so	ought			Office held	
	Date		Payee name							
	04/19/2023		Anedot							
Г	Amount (\$)		Payee addre	ss; City;	State; Zip C	Code				
	\$4.30		1921 McKir	nney Avenue						
			7th Floor	•						
			Dallas, TX	75202						
L		_								
	PURPOSE OF	(a)		ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE		Fees			1			ide of Texas. Complete Schedule T. , officeholder living expense	
							Anedot Fees		, surveindade intring experiese	
\vdash	Complete CAIL V if direct	ب	andidate /Off	ceholder name	∩#	u sabt		_	Office held	
	Complete ONLY if direct expenditure to benefit C/Oh		ai iuidate/O∏	селише патте	Office so	ugnt			Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER NA		nmittee	Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Satavies/Wages/C The Instruction Guide explains how to complete				se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	E E					3	Filer ID	
	Sch: 4/9 Rpt: 17/22		Ross, Jimn								
4	Date	5	Payee name	1							
	04/20/2023		Anedot								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip C	Code				
	\$205,70		1921 McKii	nney Avenue							
			7th Floor	,							
			Dallas, TX	75202							
Ļ	DUDDOCE						Las				
8	PURPOSE OF			See Categories listed at the top	of this sche	dule)	(6)	Description	nu hei	de of Texas, Complete Schedule T.	
	EXPENDITURE		Fees					<u> </u>		, officeholder living expense	
							1	Anedot Fees			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	Ō	ffice so	ought			Office held	
Г	Date		Payee name	,							
	04/24/2023		Anedot								
Г	Amount (\$)		Payee addre	ess; City;	State;	Zip C	Code				
	\$3.30		1921 McKii	nney Avenue							
			7th Floor								
			Dallas, TX	75202							
⊢	PURPOSE						(b)	Description	_		
	OF		Fees	ee Categories listed at the top	of this sche	dule)	(6)		outsi	de of Texas. Complete Schedule T,	
	EXPENDITURE		1 003							officeholder living expense	
		l					1	Anedot Fees			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder name	0	ffice so	ought			Office held	
Г	Date		Payee name	!						· · · · · · · · · · · · · · · · · · ·	
	04/18/2023		Drew, Smit	h							
Г	Amount (\$)		Payee addre	ess; City;	State;	Zip C	Code				
	\$342.08		900 N Bow	en Rd							
			Arlington, T	X 76012							
	PURPOSE	(a)	Category (S	ee Categories listed at the top	of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				_		de of Texas. Complete Schedule T.	
								Campaign Di		officeholder living expense	
								Çampaigii Di	Aire	u / w	
\vdash	Complete ONLY if direct		andidate/Off	iceholder name	-	ffice so	uabt			Office held	
	expenditure to benefit C/O	_	a rusuette/OH	icendide name	O.	mue su	Jugin			Office field	
_									_		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp	Printing Salaries		se //Contract Labor	Tr	avel in District avel Out of District THER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Fi	ler ID
	Sch: 5/9 Rpt: 18/22	Ross, Jimr						
4	Date	5 Payee name	9	·				,
	04/25/2023	Frost Bank	ζ					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$15.00	P.O. Box 3	4746					
L			io, TX 78265		1			
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description	e-iele.	the second of th
	EXPENDITURE	Accounting	g/Banking			_		of Texas. Complete Schedule T. iceholder living expense
						Bank Fees		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office held
F	Date	Payee name						
	04/17/2023	KRB Fitnes						
一	Amount (\$)	Payee addre	ess; City;	State: Zip C	Code			
	\$470.89	2606 Aero						
		Grand Prai	irie, TX 75052					
	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising				_		of Texas. Complete Schedule T.
	E/H EHSTI C.I.					_		iceholder living expense
					1	Campaign T-	Sillits	•
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	numbt			Office held
	expenditure to benefit C/O		nosnoaci name	Office 30	ragin			Office field
Г	Date	Payee name						
	04/10/2023	KRB Fitnes	35					
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$470.89	2606 Aero	Dr					
		Grand Prai	irie, TX 75052					
Г	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising				_		of Texas, Complete Schedule T.
	LA LIBITOTE							ceholder living expense
					1	Campaign T-	Shire	5
⊢	Complete ONLY if direct	Condidate/Of	ficeholder name	Office so				Office held
	expenditure to benefit C/OF		icenoider name	Onice Su	rugnic			Office field
L								

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made 8; Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Printi Salar	_	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE.				3	Filer ID	_
	Sch: 6/9 Rpt: 19/22	Ross, Jimi							
4	Date	5 Payee name	е						
	04/10/2023	Lewis, Rita	a.						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$425.00	1704 Norti	west Dr						
		•							
		Arlington,	TX 76012						
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Polling Exp				<u></u>		ide of Texas. Complete Schedule T.	
						Polling	ı, TX	, officeholder living expense	
						1 Uniting			
9	Complete ONLY if direct	Condidate/Of	ficeholder name	Office			_	Office held	_
9	Complete ONLY if direct expenditure to benefit C/O		ncerioider name	Office	sougiii			Office field	
Г	Date	Payee name	e						Π
	04/04/2023	Mayes Me	dia Group						
Г	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				_
	\$25,000.00	312 Creek	wood Drive						
		Sunnyvale	, TX 75182						
	PURPOSE OF	(a) Category (See Categories listed at the to	of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			□		ide of Texas, Complete Schedule T.	
								, officeholder living expense curred Obligations - Campaign	
								tal Ads, Printing & Mail Services	
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought		_	Office held	_
L	expenditure to benefit C/OI	Н							
	Date	Payee name	9						
	04/21/2023	Oree, Dev	onte						
Г	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$400.00	6110 Bay I	HIII Dr						
		Arlington, 1	TX 76018						
	PURPOSE	(a) Category (s	See Categories listed at the to	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se				ide of Texas. Complete Schedule T.	
						Campaign St		, officeholder living expense	
						Campaign St	ıhh	nies	
-	Complete ONLY if direct	Candidate/Of	ficeholder name	Office :	SOLIOP+			Office held	_
	expenditure to benefit C/O		IIIIIII	Onice:	Jougist			William Control	
H									
L									

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Denations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Award Legal Serv	is/Memorials Exp vices truction Guide			xpens Vages	se s/Contract Labor		Travel District Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAME	E						3	Filer ID	
L	Sch: 7/9 Rpt: 20/22		Ross, Jimm	ıy R								
4	Date	5	Payee name									
	04/01/2023		Patriot Prin	t								
6	Amount (\$)	7	Payee addre	ss; (City;	State;	Žip Co	ode				
	\$533.85	l	106 A E Pe	tsche C	t Ste 120							
l		l										
			Arlington, T	X 7601	2							
8	PURPOSE	{a)	Category (s	ee Categori	es listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising						_		ide of Texas. Complete Schedule T.	
	EM EMBITORE									, TX	, officeholder living expense	
									Yard Signs			
L												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder	name	0	ffice sou	ght			Office held	
L	expenditure to benefit c/O	_										
Г	Date		Payee name									
	04/26/2023		Patriot Prin	t								
H	Amount (\$)	Т	Payee addre	ss; C	City;	State;	Zip Co	ode				
	\$862.50		106 A E Pe	tsche C	t Ste 120							
			Arlington, T	Y 76011	2							
L	DUDDAAF	(-)										
	PURPOSE OF	(a)	Category (s			p of this sche	dule)	(D)	Description Chark it travels	autei	ide of Texas. Complete Schedule T,	
	EXPENDITURE		Advertising	Expens	e				_		officeholder living expense	
									Yard Signs			
┢	Complete ONLY if direct	_	andidate/Offi	ceholder	name	0	ffice sou	ght			Office held	
	expenditure to benefit C/OI	Н						_				
H	Date		Пачес рато							_	-	
	04/24/2023		Payee name Payne, Hold									
L		L										
	Amount (\$)		Payee addre		ity;	State;	Zip Co	de				
	\$193.75		6110 Bay H	III Dr								
			Arlington, T	X 76018	3							
	PURPOSE	(a)	Category (se	ee Categori	es listed at the to	p of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising								de of Texas. Complete Schedule T.	
	EAR ENDITORE										officeholder living expense	
									Poles for Sign	ns		
_								_				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder	name	Ot	ffice sou	ght			Office held	
	SAPORALIA TO DESIGNATION	_										
	ms provided by Tayas E	thic	c Commissi			othine et	nto tre	_			Version V3 F	71. 1700 14

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gitt/Awards/Memorials Expen Legal Services The Instruction Guide e	se Pi		ise es/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E			_	3	Filer ID	
L	Sch: 8/9 Rpt: 21/22	Ross, Jimr	ıy R						
4	Date	5 Payee name							
	03/31/2023	Payne, Pai	ge						
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	Zip Code				
	\$3,500.00	6110 Bay I	Hill Dr						
		Arlington,	X 76018						
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedu	te) (b)	Description			
	OF EXPENDITURE	Consulting						fe of Texas, Complete Schedule T.	
						_		officeholder living expense	
						Campaign C	01150	aiding	
_	Complete ONLY if direct	Condidate /Of	iceholder name	Offi	20.000			Office held	
9	Complete ONLY if direct expenditure to benefit C/O		icenoider name	Ome	ce sough			Office field	
Г	Date	Payee name	:						
	04/10/2023	Saigon Dal	las LLC						
	Amount (\$)	Payee addre	ess; City;	State; 2	Zip Code				
	\$1,000.00	10935 Esta	ite Ln, Ste S 180						
		Dallas, TX	75238						
Г	PURPOSE	(a) Category (see Categories listed at the top	of this schedu	ie) (b	Description			
	OF EXPENDITURE	Advertising			- 1			te of Texas. Complete Schedule T.	
						Radio Adver		officeholder living expense	
						ταφιο παναι	usiii	a	
┝	Complete ONLY if direct	Candidate/Of	iceholder name	Offic	ce sought			Office held	
	expenditure to benefit C/O	Н			ū				
	Date	Payee name						·	
	04/18/2023	Stevens, M	like						
Г	Amount (\$)	Payee addre	ess; City;	State; 2	Zip Code				
	\$18,000.00	6923 India	na Ave						
		Box 292							
		Lubbock, T	X 79413						
一	PURPOSE		iee Categories listed at the top	of this echadus	le) (b	Description		9	
	OF EVENDER IDE	Advertising		or units selledor	,		l outsid	de of Texas. Complete Schedule T.	
	EXPENDITURE	1	•					officeholder living expense	
						Direct maile:	rs/C	Canvassing	
<u> </u>	Complete ONE V. V. P.	A						Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Offic	ce sought			Office held	
_									
L									

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transl in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Co		Legal Services The Instruct	emorials Expense		Expens Wages	e 'Contract Labor	Tr	ravel in District ravel Out of District THER (enter a categor	ry not listed above)
1	Total pages Schedule F1:	2	FILER NAME	E				2	3 Fi	iler ID	
L	Sch: 9/9 Rpt: 22/22	L	Ross, Jimn								
4	Date	5	Payee name								
	04/26/2023		VVA Media	l							
6	Amount (\$)	7	Payee addre	ess; City	; Stat	e; Zip Co	ode				
	\$500.00		2625 W Pic	neer Pkwy	1						
			Suite 811								
			Grand Prar	ie, TX 7505	51						
8	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising					Check if travel		of Texas. Complete So	
	EXPENDITURE							_	, TX, off	iceholder living expens	se
								Radio Ad			
9	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Off	iceholder na	me	Office sou	ught			Office held	