#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 11 The C/OH Instruction Guide explains how to complete this form. МІ MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** R Timothy Dr. Date Received NAME SUFFIX NICKNAME LAST Tim Goss ZIP CODE ADDRESS / PO BOX, APT / SUITE #. CITY. 4 CANDIDATE / 2702 River Legacy Dr Arlington TX 76006 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date-Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (817) 909-6972 PHONE Amount \$ Receipt # MI MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Heather Μ MRS Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Goss ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #, CITY 7 CAMPAIGN TREASURER 2702 River Legacy Dr 76006 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** PHONE 600-9455 ≀817 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day 10 PERIOD Month COVERED ′ 31 / 23 12 14 23 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Day Year Description Special ■ General 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council District 1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOATS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE: OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MAD 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. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,112.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,383.94
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 6,690.34
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,600.00
18 SIGNATURE   1	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	The state of the s	
	Signature of Candidat	to or Officeholder
	Signature of Candidat	e or officeriorer
	Please complete either option below:	
· · · · · · · · · · · · · · · · · · ·	, loud out, place of the open and the	
,		
,		
(1) Affidavit		
(I) Amuavit		
i i i i i i i i i i i i i i i i i i i		
NOTARY STAMP/SEA	AL.	
	T	~
Sworn to and subscribed	before me by Timethy R. Goss this the 4th	day of January,
20 <u>24</u> , to certify	which, witness my hand and seal of office.	
Aly Ru	Alex Busken	Lity Secretary
Signature of officer administ		Title of officer administering oath
	OR	
(0)		
(2) Unsworn Declarat	ION	
My name is	, and my date of birth is	
Ny address is	(aity) (atab)	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	<u> </u>	
	Signature of Candidate/C	fficeholder (Declarant)

# **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	FILER NAME  mothy Goss	20 Filer ID (Ethics Com	nmiss	on Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	612.10
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS			10,600.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			4,383.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
FILER NAME Timothy (			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (I		7 Amount of contribution (\$)
1/07/2023	6 Contributor address; City; 1325 Blue Lake Blvd Arlington,	State; Zip Code	500.00
	·	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

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

	- <u>-</u>				
Th	e Instruction Guide explains how to complete this form	ı.	1 Total pages Sched	ule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Timothy (	Goss			·	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 262.60		
5 Date	Date  6 Full name of contributor		8 Amount of Contribution S	9 In-kind contribution description  Meet and Greet	
11/17/2024		Zin Code	228.00	Food and beverages	
	1304 Isle Cove Dr. Arlington, TX 76			    ide of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Work fro	m Home Business	Self			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Pote	Full name of contributor	)	Amount of	In-kind contribution	
Date	Robert Sarver		Contribution \$	description Campaign merch	
09/01/2023	Contributor address; City; State;	Zip Code	34.60	pruchase	
	7423 Copper Moon, Converse, TX	78109	Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occ Retired	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ <b>NA</b>	er (FOR NON-JUDIC	IAL)(See Instructions)	
	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spot	use (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
,	ATTACH ADDITIONAL COPIES OF	THIS SCHED	OULE AS NEEDED or additional reportion	ng requirements.	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAME TIMOTHY GOSS		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 315.00	
5 Date	Carol Daley		8 Amount of Contribution S 315.00 Check if travel outsi	9 In-kind contribution   description   Meet and Greet   Food and beverages   de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
		<del></del>		ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utors job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1	ATTACH ADDITIONAL COPIES OF	I HIS SCHED	ULE 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.

II the requested	information is not applicable, bo no	- Include tins page in the re-		
The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E.	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Timothy Goss	<b>.</b>			
TOTAL OF UN	ITEMIZED LOANS		\$ 10,600.00	
Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
10/02/2023	Timothy Goss		10,000.00	
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?  Y N	2702 River legacy Dr Arlington	Texas 76006	11 Maturity date	
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Program Man		US General Service	es Administration	
4 Description of Colla		Check if personal fun account (See Instruc	ds were deposited into political tions)	
6 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)	
not applicable  O Principal Occupat	18 Guarantor address; City; ion (See Instructions)	State: Zip Code  21 Employer (See Instructions)		
			Loan Amount (\$)	
Date of loan 08/25/2023	Name of lender out-of-state PAC (ID#:)  Timothy Goss		600.00	
Is lender a financial	Lender address; City; 2702 River Legacy Dr. Arlingto	State; Zip Code	Interest rate	
Institution?  Y ■ N	2702 Niver Legacy Dr. Amingto	III, 177 70000	Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Program Manager		US General Services Administration		
Description of Collateral		Check if personal funds were deposited into politic		
none		account (See Instruc	ctions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
lf I	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Fxpense 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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1. 2 FILER NAME Timothy Goss 5 Payee name 4 Date Murphy Nascia Zip Code 6 Amount (\$) City; State: 7 Payee address; 2,500.00 PO Box 1648 Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Consulting Expense Retainer Fee **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Murphy Nascia Payee address; City; State; Zip Code Amount (\$) 46.20 PO Box 1648 Austin, TX 78767 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Printing Name tags EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/01/2023 Park Row Christian Academy Amount (\$) Payee address; City: State; Zip Code 915 W Park Row Dr Arlington, TX 76013 250.00 Description Category (See Categories listed at the top of this schedule) PURPOSE **Event Expense** Campaign Sponsorship for Public Event OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME Timothy Goss 4 Date 5 Payee name 10/30/2023 Murphy Nascia 6 Amount (\$) 7 Payee address; City: State: Zip Code 126.60 PO Box 1648 Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE Business Cards and Handouts** Printing Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/18/2023 Murphy Nascia Zip Code Amount (\$) City; State: Payee address; 378.88 PO Box 1648 Austin, TX 78767 Category (See Categories listed at the top of this schedule) Description PURPOSE Consulting **Branding Photo Shoot** EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin TX, officeholder living expense Complete OtALY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2023 Murphy Nascia Amount (\$) Payee address; Zip Code City; State: PO Box 1648 Austin, TX 78767 250.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Consulting Fee November Consulting Fee OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1			
	2 FILER NAME Timothy Goss		3 Filer ID (Ethics Commission Filers)
Date 12/08/2023	5 Payee name Murphy Nascia		
Amount (\$)	7 Payee address;	City;	State; Zip Code
250.00	PO Box 1648 Austin, TX 78767		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Fee	December Co	onsulting Fee
	(c) Check if travel outside of Texas Complete Schedule T	Check if Aus	tin TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
11/17/2023	Jon Smith Photography		
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	7558 Hedge Oak Ct Fort Worth, Tex	as 76105	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Event Photog	graphy
	Check if travel outside of Texas Complete Schedule T	Check if Aus	stin TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/10/2023	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
21.30	1340 Poydras Street Suite 1770 New	v Orleans, LA 7	0112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fee	Contribution I	Hosting transfer fee
	Check if travel outside of Texas Complete Schedule T	Check if Aus	stin, TX, officeholder living expense
	CiteCk it develouistic of Texas Complete defection		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salanes/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME Timothy Goss 4 Date 5 Payee name 11/17/2023 Murphy Nascia Zip Code City: State: 6 Amount (\$) 7 Payee address; 259.96 PO Box 1648 Austin, TX 78767 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Push Cards PURPOSE** Printing Expense OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin\_TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) My **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED