

# CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers) 2 Total pages filed

**3 CANDIDATE / OFFICEHOLDER NAME** MS (MRS) MR MR FIRST \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

NICKNAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

608 W. Hunt, McKinney, TX 75069

Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE** AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked

(972) 365-6628

**6 CAMPAIGN TREASURER NAME** \_\_\_\_\_

ind

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

**7 CAMPAIGN TREASURER ADDRESS** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5217 Crossvine, McKinney, TX 75070

(Residence or Business)

**8 CAMPAIGN TREASURER PHONE** EXTENSION

(214) 504 - 5212

**9 REPORT TYPE**

January 15 30th day before election Runoff

July 15  8th day before election  Exceeded Modified Reporting Limit

**10 PERIOD COVERED** Month Day Year Month Day Year

1 / 19 / 20 THROUGH 4 / 6 / 2023

**11 ELECTION** Year

5 / 6 / 23

15th day campaign treasurer intment (Officeholder Only)

Final Report (Attach C/OH - FR)

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)

MISD Schoo 1 Same

**14 NOTICE FROM POLITICAL COMMITTEE(S)** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Month Day  Primary  Runoff  Other Description

General  Special

Additional Pages

COMMITTEE CAMPAIGN TREASURER NAME

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

*S. O'Neil*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

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

\$ *0*

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

\$ *8040<sup>00</sup>*

TOTAL UNITEMIZED POLITICAL EXPENDITURE

4. TOTAL POLITICAL EXPENDITURES

*.67*

CONTRIBUTION  
BALANCE

5

\$

OUTSTANDING  
LOAN TOTALS

6

\$

*0*

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

(1) Affidavit

OF REPORTING PERIOD

(2) Unsworn Declaration

this the \_\_\_\_\_ day of \_\_\_\_\_

out-of-state PAC (ID#: \_\_\_\_\_)

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

The Instruction Guide explains how to complete this form

1 Total pages

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

2/3/23

Erine Bettner

\$5000<sup>00</sup>

6 Contributor address;

City;

State; Zip Code

Coll

McKin

75069

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

2/5/23

Contributor address;

City;

State; Zip Code

50<sup>00</sup>

Filers)

DO NOT include this page in the report

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

han o el

3 Filer ID (Ethics C

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

2 FILER NAME

Stephanie O'Sell

3 Filer ID (Ethics Commission Filers)

7. Amount of contribution (\$)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

0

3 Filer ID (Ethics Filers)

4 Date

3/1/23

5 Full name of contributor

Jim Barton

out-of-state PAC

7 Amount of (\$)

100<sup>00</sup>

6 Contributor address;

City;

State; Zip Code

Mckin

75069

8 Principal occupation / Job title (See Instructions)

Reti

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC

Amount of contribution (\$)

3/24/23

John Ratten

Contributor address;

City;

State; Zip Code

500<sup>00</sup>

700 N. McDonald

TX 750

Principal occupation / Job title (See Instructions)

(See Instructions)

out-of-state PAC (ID#)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

DO NOT include this page in the report

[REDACTED]

out-of-state PAC

City;

The Instruction Guide explains how to complete this form.

1 Total pages

2 NAME

hanie O 1

3 Filer ID (Ethics Filers)

4 Date

3/1/23

5 Full name of contributor

K sto

out-of-state PAC

7 Amount of (\$)

50<sup>00</sup>

6 Contributor address;

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/23

Full name of contributor

ins

Amount of contribution (\$)

100<sup>00</sup>

City;

State; Zip Code

2602 Concord

McKin

TX 750

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

DO NOT include this page in the report

out-of-state PAC (ID#: \_\_\_\_\_)

out-of-state PAC (ID#: \_\_\_\_\_)

2 FILER NAME

S hane O' ll

3 Filer ID (Ethics Filers)

7 Amount of \_\_\_\_\_ (\$)





Advertising Expense  
Accounting/Banking  
Consulting Expense

Event Expense  
Fees  
Food/Beverage Expense  
Office/Travel/Materials Expense

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense

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

Table with multiple rows of redacted data. The table structure is obscured by black bars.

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense.  
Additional information is not applicable. DO NOT include this code in the report.

Table with multiple rows of redacted data.

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

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense.

Table with multiple rows of redacted data.

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

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense.

Table with multiple rows of redacted data.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

Advertising Expense  
Accounting/Banking

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

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

Event Expense	Loan Repayment/Reimbursement
Fees	Office Overhead/Rental Expense
Food/Beverage Expense	Polling Expense
Gift Awards/Memorabilia Expense	Printing Expense
Legal Services	Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date 1/27 23 5

6 Amount (\$) 18.11

7 Payee address; State; Zip Code

8 (b) Description  
**PURPOSE OF EXPENDITURE**  
Credit Card Payment

9 Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name	City;	State;	Zip Code
2/17/23	add			
Amount (\$)	Payee address	City;	State;	Zip Code
	same as above			7460

Description

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this expenditure in the

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                         |                               |                                |  |
|-------------------------|-------------------------------|--------------------------------|--|
| Advertising Expense     | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking      | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Constitutional Expenses | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
|                         | Gift/Awards/Memorials Expense | Printing Expense               |  |
|                         | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

1. Name of the candidate, office, or political committee: \_\_\_\_\_

2. Name of the payee: \_\_\_\_\_

3. Date: \_\_\_\_\_

4. Amount: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Description: \_\_\_\_\_

7. Amount: \_\_\_\_\_

8. Description: \_\_\_\_\_

9. Amount: \_\_\_\_\_

10. Description: \_\_\_\_\_

Total pages Schedule F1: 2 FILER NAME: \_\_\_\_\_

4 Date: 3/2/23 5 Payee: \_\_\_\_\_

6 Amount: 294.71 7 Payee address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8 Description: *ben*

9 Description: *continue press*

10 Description: *same as before*

11 Description: *Advertis*

12 Description: *er 3*

13 Description: \_\_\_\_\_

14 Description: \_\_\_\_\_

15 Description: \_\_\_\_\_

16 Description: \_\_\_\_\_

17 Description: \_\_\_\_\_

18 Description: \_\_\_\_\_

19 Description: \_\_\_\_\_

20 Description: \_\_\_\_\_

21 Complete ONLY if direct \_\_\_\_\_

22 Officeholder name \_\_\_\_\_

23 Office sought \_\_\_\_\_

24 Office held \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not available, DO NOT include this entry in the report.

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
	Fees	Office Overhead/Rental Expense	
	Franchise Expense	Polling Expense	
	Gift/Awards/Memorials Expense	Printing Expense	
		Salaries/Wages/Contract Labor	

4 Date                      5 Payee

6 Amount (\$)                      7 Payee address;                      City;                      State                      Zip Code