

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">22</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">John M</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Birt</div>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">1314 McEntire Ct Keller Tx 76248</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 602-9310</div>	Date Received Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Marilyn Z</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Birt</div>	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">1314 McEntire Ct Keller Tx 76248</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 741-0826</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">1 2 2023 3 27 2023</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">5 6 2023</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Keller ISD Board of Trustees Place 4</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME John M Birt 16 Filer ID (Ethics Commission Filers)

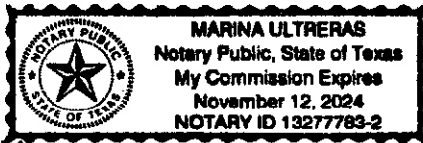
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>17995.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7865.50</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10129.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John M. Birt this the 3rd day of April, 2023, to certify which, witness my hand and seal of office.

Marina Ultreras Signature of officer administering oath
Marina Ultreras Printed name of officer administering oath
HR Specialist Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>John M Birt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>17995.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7865.⁵⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John and Marilyn Birt	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1314 McEntire Ct Keller Tx 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon/Sabrina Dobberly	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2119 Alma Dr Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug Hines	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1241 Village Trail Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katie/Ross McMullin	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 35 Woodland Trail Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sabrina/Shannon Dubberly	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 2119 Alma Dr Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris/Kathy May	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1846 Pearson Crossing Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Booher	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5232 Bellis Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian King	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6300 Kary Lynn Watauga TX 76148		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Frazier Johnson 6 Contributor address; City; State; Zip Code 1467 Grape Arbor Ct Keller Tx 76262	7 Amount of contribution (\$) \$100.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holly Rakovan Contributor address; City; State; Zip Code 11916 Lostwood Trail Ft. Worth Tx 76244	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beth Zipprich Contributor address; City; State; Zip Code 1205E Sandy Lake Rd #336 Coppell Tx 75019	Amount of contribution (\$) \$1000.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristen Brannon Contributor address; City; State; Zip Code 8328 Park Brook DR North Richland Hills TX 76182	Amount of contribution (\$) \$20.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Groene	7 Amount of contribution (\$) \$100.⁰⁰
	6 Contributor address; City; State; Zip Code 10317 Grayhawk Lane Ft. Worth TX 76244	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Stamps	Amount of contribution (\$) \$250.⁰⁰
	Contributor address; City; State; Zip Code 512 Spicewood Ct Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Pierce	Amount of contribution (\$) \$50.⁰⁰
	Contributor address; City; State; Zip Code 1804 Meadowlark Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck/Kathleen Primen	Amount of contribution (\$) \$150.⁰⁰
	Contributor address; City; State; Zip Code 1509 Grestwood Trail Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davin Lobato	7 Amount of contribution (\$) \$50. ⁰⁰
6 Contributor address; City: State: Zip Code 6824 San Luis Trail Ft Worth TX 76131		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan De Winter	Amount of contribution (\$) \$300. ⁰⁰
Contributor address; City: State: Zip Code 523 Edgebrook Ave Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich/Andrea Stoller	Amount of contribution (\$) \$500. ⁰⁰
Contributor address; City: State: Zip Code 605 Keller Smithfield Rd Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan De Winter	Amount of contribution (\$) \$200. ⁰⁰
Contributor address; City: State: Zip Code 523 Edgebrook DR Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armin / Kathleen Mizani	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 896 Randol Mill Rd Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alison McColl	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1315 McEntire Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent / Christine Malloy	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4916 Bob Wills Dr Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kris Kittle	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4817 Champre Ct Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Pape	7 Amount of contribution (\$) \$100. ⁰⁰
6 Contributor address; City; State; Zip Code 1312 McEntire Ct Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest/Linda Taylor	Amount of contribution (\$) \$200. ⁰⁰
Contributor address; City; State; Zip Code 1201 Boorland Rd Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles/Jennifer Randklev	Amount of contribution (\$) \$500. ⁰⁰
Contributor address; City; State; Zip Code 1925 Spring Dr Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg/Kathy Sudderth	Amount of contribution (\$) \$100. ⁰⁰
Contributor address; City; State; Zip Code 400 West View Dr Wimerly TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1540 Keller Pkwy #101 Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dewald	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 208 Harper Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Kempka	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11501 Pheasant Creek Dr Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Meiggs	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1525 Spanish Bay Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Raffetto	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City: State: Zip Code 1809 Queensbridge Ln Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Cobb	Amount of contribution (\$) \$5000.⁰⁰
Contributor address; City: State: Zip Code 707 WLD Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray/Norma Griffith	Amount of contribution (\$) \$350.⁰⁰
Contributor address; City: State: Zip Code 313 Parkview Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon/Sabrina Dobberly	Amount of contribution (\$) \$25.⁰⁰
Contributor address; City: State: Zip Code 2119 Alma Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denise Lin	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 1803 Mason Court Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Swisher	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1504 Spanish Bay Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Matchett	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1343 Asher Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Chambers	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1513 Newton Ranch Rd Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith/Dianne Pearson 6 Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregor/Catherine Drahms Contributor address; City; State; Zip Code 508 Charrington Dr Keller TX 76248	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas/Bettie Taylor Contributor address; City; State; Zip Code 4024 Vernon Way Ft. Worth TX 76244	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared McDuff Contributor address; City; State; Zip Code 2990 Keller Hicks Rd Keller TX 76244	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri / James McDuff	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8262 Quachita Crossover Ft. Worth TX 76137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Mueller	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8509 Stetson Dr Keller Tx 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Conrad	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1501 Stanton Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyndi Lawson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 321 Glen Hollow Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darcie Knight	7 Amount of contribution (\$) \$25.⁰⁰
6 Contributor address; City; State; Zip Code 1216 Crossbridge Ln Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Sorrells	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City; State; Zip Code 8920 Martin DR Northland Hills TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David/Shauna Roffman	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 811 Sandy Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Matheidas	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 511 Ironwood DR Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory / Sandra Wurtele	7 Amount of contribution (\$) \$500. ⁰⁰
6 Contributor address; City; State; Zip Code 9937 Broiles Ln Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Harlan	Amount of contribution (\$) \$250. ⁰⁰
Contributor address; City; State; Zip Code 1605 Forest Bend Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaley / Chris Stallaby	Amount of contribution (\$) \$250. ⁰⁰
Contributor address; City; State; Zip Code 3824 Huckleberry Dr Ft. Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris / Jessica Zafiriou	Amount of contribution (\$) \$75. ⁰⁰
Contributor address; City; State; Zip Code 9732 Sam Bass Trail Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AnneMarie / Mark Wynn 6 Contributor address; City; State; Zip Code 9324 Shields St FtWorth Tx 76244	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynson / Kathleen Drennan Contributor address; City; State; Zip Code 9736 Sam Bass Trail FtWorth Tx 76244	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liza Sharkey Contributor address; City; State; Zip Code Bennington Ln Keller Tx 76248	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darren / Stacy hand Contributor address; City; State; Zip Code 1309 Chase Oaks Dr Keller Tx 76248	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauren McNallen	7 Amount of contribution (\$) \$50.⁰⁰
6 Contributor address; City: State: Zip Code 9609 Brazendine Dr Ft Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Bagley	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City: State: Zip Code 3741 Ridgewood Dr Grand Prairie TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheila / Jeff Wilson	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City: State: Zip Code 2408 Watercrest Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/23	5 Payee name Cafe Republic	
6 Amount (\$) \$59.52	7 Payee address; City: State: Zip Code 8640 N Beach St Ft. Worth TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting to discuss campaign issues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/23	Payee name Wix.com	
Amount (\$) \$207.84	Payee address; City: State: Zip Code 500 Terry A Francois Blvd 6th floor San Francisco CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Services	Description Web Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/18/23	Payee name MS Marketing	
Amount (\$) \$3989.01	Payee address; City: State: Zip Code 310 N Main St, Suite E Keller TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description signs/pushcards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/23	5 Payee name Edgerton Strategies
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6 Amount (\$) \$2770.63	7 Payee address: 1540 Keller Pkwy #108-402	City: Keller	State: TX	Zip Code 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description consulting, voter contact services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/23	Payee name Brother Recon
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Amount (\$) \$620.00	Payee address: 1846 Pearson Crossing	City: Keller	State: TX	Zip Code 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-26-23 thru 3/27/23	Payee name Anedot
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Amount (\$) \$203.70	Payee address: 1340 Poydras Suite 1770	City: New Orleans	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation / fundraising fee	Description Processing fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23 thru 3/25/23	5 Payee name RevV	
6 Amount (\$) \$14.80	7 Payee address: 1776 Wilson Blvd Suite 530	City: Arlington State: VA Zip Code: 22209
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising fee	(b) Description Processing fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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