

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: 19 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / <input checked="" type="checkbox"/> MR | FIRST John | MI M | |
| | NICKNAME | LAST Birt | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1314 McEntire Ct Keller TX 76248 | | | |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 602-9310 | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / <input checked="" type="checkbox"/> MRS / MR | FIRST Marilyn | MI Z | |
| | NICKNAME | LAST Birt | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1314 McEntire Ct # Keller TX 76248 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 441-0826 | EXTENSION | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" 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 3 28 2023 THROUGH 4 26 2023 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 6 2023 | | 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) None | 13 OFFICE SOUGHT (if known) Place 4 Keller ISD Board of Trustees | | |
| 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. | | | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | |
| | | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

John M Birt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13575.00 |
| 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 type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 16992.43 |
| 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: 13 |
| 2 FILER NAME John M Birt | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/29/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Bache | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 1116 Charleston Ct Keller Tx 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|--|
| Date 4/3/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Robinson | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 13201 Palancar DR Ft. Worth Tx 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date 4/5/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Schofield | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 232 Fox Trot DR Keller Tx 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|---|
| Date 4/5/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie & Mike Meltrugh | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1526 Kingwood DR Keller Tx 76248 | | |
| 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 4/5/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adolfo/Melissa Gonzalez 6 Contributor address; City; State; Zip Code 5372 Lake Chelen DR Ft Worth TX 76244 | 7 Amount of contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/5/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Brantley Contributor address; City; State; Zip Code 4 Pine mont Place Lufkin TX 75904 | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/6/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Teuber Contributor address; City; State; Zip Code 1807 Mason Ct Keller TX 76248 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date 4/6/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Washington Contributor address; City; State; Zip Code PO Box 466 Keller TX 76248 | Amount of contribution (\$) \$100.00 |
| 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 4/6/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Binnie | 7 Amount of contribution (\$) \$ 200.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 908 Sandy Trail Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|--|
| Date 4/6/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Kay Pierce | Amount of contribution (\$) \$1000.⁰⁰ |
| Contributor address; City; State; Zip Code 5709 Braewood Ln Ft. Worth TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|---|
| Date 4/8/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Schauer | Amount of contribution (\$) \$100.⁰⁰ |
| Contributor address; City; State; Zip Code 1017 Hardwick Trail Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|---|
| Date 4/8/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan DeWinter | Amount of contribution (\$) \$500.⁰⁰ |
| Contributor address; City; State; Zip Code 523 Edgebrook Ave Keller TX 76248 | | |
| 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 4/9/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bache | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address; City: State: Zip Code 1116 Charleston Ct Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Colon | Amount of contribution (\$) \$50.00 |
| Contributor address; City: State: Zip Code 1310 McEntire Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Gerda | Amount of contribution (\$) \$150.00 |
| Contributor address; City: State: Zip Code 1485 So. Main St Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley/Chris Stallaby | Amount of contribution (\$) \$50.00 |
| Contributor address; City: State: Zip Code 3824 Huckleberry Dr Ft Worth TX 76244 | | |
| 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 4/10/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micah/Carol Young | 7 Amount of contribution (\$) \$500.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 1521 Spanish Bay Dr Keller TX 46248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Alvarado | Amount of contribution (\$) \$200.⁰⁰ |
| Contributor address; City; State; Zip Code 221 Redwood Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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|--|--|--|
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Will | Amount of contribution (\$) \$50.⁰⁰ |
| Contributor address; City; State; Zip Code 329 Anita Ave Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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|---|---|---|
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tag Green | Amount of contribution (\$) \$250.⁰⁰ |
| Contributor address; City; State; Zip Code 2123 Pine Ridge Ct Keller TX 76248 | | |
| 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 4/10/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve White | 7 Amount of contribution (\$) \$50.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 400 Boardland Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|---|
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Handkier | 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 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Johnson | Amount of contribution (\$) \$300.⁰⁰ |
| Contributor address; City; State; Zip Code 1467 Grape Arbor Ct Keller TX 76262 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren/Stacy Land | Amount of contribution (\$) \$400.⁰⁰ |
| Contributor address; City; State; Zip Code 1309 Chase Oaks Dr Keller TX 76248 | | |
| 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 4/10/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris/Jessica Zafirio | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 9732 Sam Bass Trl Ft. Worth TX 76244 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armin / Kathleen Mizani | Amount of contribution (\$) 400.00 |
| Contributor address; City; State; Zip Code 896 Randol Mill Ave Keller TX 76262 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug/Bettie Taylor | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 4024 Vernon Way Ft Worth TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Alexander | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 2403 Watercrest Dr Keller TX 76248 | | |
| 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 4/11/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina-Marie Womak | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code 4952 Bacon DR Ft. Worth TX 76244 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/11/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Hinds | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 1241 Village Trail Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/11/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Stamps | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 512 Spicewood Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/11/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalvin Koether | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 1825 Sommer Ln Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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| 4 Date 4/12/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Suffredini | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 12514 Millscott DR Houston TX 77070 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/12/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff/Becky Green | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1534 Southfork Dr Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina-Marie Womak | Amount of contribution (\$) \$150.00 |
| Contributor address; City; State; Zip Code 4952 Bacon DR Ft Worth TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Quinn | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 2400 Watercrest DR Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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| 4 Date 4/13/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David/Kathryn Weed | 7 Amount of contribution (\$) \$ 300.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 14718 Hoya Ct Houston TX 77070 | | |
| 8 Principal occupation / Job title (See instructions) | | 9 Employer (See instructions) |

| | | |
|---|--|---|
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared McDuff | Amount of contribution (\$) \$100.⁰⁰ |
| Contributor address; City; State; Zip Code 2990 Keller Hicks Rd Keller TX 76244 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |

| | | |
|--|--|---|
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri/James McDuff | Amount of contribution (\$) \$100.⁰⁰ |
| Contributor address; City; State; Zip Code 8262 Quachita Crossover Ft Worth TX 76137 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |

| | | |
|---|--|--|
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila/Jeff Wilson | Amount of contribution (\$) \$ 300.⁰⁰ |
| Contributor address; City; State; Zip Code 2408 Watercrest Dr Keller TX 76248 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |

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| 4 Date 4/13/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John / Pam Wolf | 7 Amount of contribution (\$) \$150.00 |
| 6 Contributor address; City; State; Zip Code 1521 Brentwood Trl. Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark / Anne Wynn | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 9324 Shields St Ft. Worth TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck / Kathleen Primm | Amount of contribution (\$) \$150.00 |
| Contributor address; City; State; Zip Code 1509 Crestwood Trl Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Fontenot | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 351 Park North Ln Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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| 4 Date 4/13/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel | 7 Amount of contribution (\$) \$300.00 |
| 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 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Hendricks | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1534 Lakeview Dr Keller Tx 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Cobb | Amount of contribution (\$) \$3500.00 |
| Contributor address; City; State; Zip Code 707 W LD Lockett Rd Colleyville Tx 76034 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/23/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Scherer | Amount of contribution (\$) \$45.00 |
| Contributor address; City; State; Zip Code 5113 Shelly Ray Rd Ft Worth Tx 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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: 13 |
| 2 FILER NAME John M Birt | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/23/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Scherer | 7 Amount of contribution (\$) \$175.00 |
| 6 Contributor address; City; State; Zip Code 5113 Shelly Ray Rd Ft. Worth TX 76244 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/23/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Perkins | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 16524 Cowboy Trl Ft. Worth TX 76247 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/24/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Scott Jr | Amount of contribution (\$) \$300.00 |
| Contributor address; City; State; Zip Code 736 Hallelyah Trl Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry/Patricia Blackstock | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 409 Moonlight Ln Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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 3/29/23 | 5 Payee name ms Marketing |
|--------------------------|-------------------------------------|

| | | | | |
|----------------------------------|--|------------------------|---------------------|--------------------------|
| 6 Amount (\$) \$877.91 | 7 Payee address: 310 N Main St Suite E | City: Keller | State: TX | Zip Code 76248 |
|----------------------------------|--|------------------------|---------------------|--------------------------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Signs/push cards |
| | (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 4/10/23 | Payee name Edgerton Strategies |
|------------------------|--|

| | | | | |
|--------------------------------|--|------------------------|---------------------|--------------------------|
| Amount (\$) \$300.00 | Payee address: 1540 Keller Pkwy #108-402 | City: Keller | State: Tx | Zip Code 76248 |
|--------------------------------|--|------------------------|---------------------|--------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) other/voter contact | Description campaign sidekick |
| | <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 4/12/23 | Payee name ms Marketing |
|------------------------|-----------------------------------|

| | | | | |
|---------------------------------|--|------------------------|---------------------|--------------------------|
| Amount (\$) \$1067.36 | Payee address: 310 N Main St Suite E | City: Keller | State: Tx | Zip Code 76248 |
|---------------------------------|--|------------------------|---------------------|--------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Signs |
| | <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 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 4/13/23 | | 5 Payee name Edgerton Strategies | | | |
| 6 Amount (\$) \$550.00 | | 7 Payee address: 1540 Keller Pkwy #108-402 | | City: Keller TX | State: Zip Code 76248 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) consulting expense | | (b) Description Retainer | | |
| | (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 4/19/23 | Payee name Edgerton Strategies | | | | |
| Amount (\$) \$13,230.00 | Payee address: 1540 Keller Pkwy #108-402 | | City: Keller TX | State: Zip Code 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | | Description Mail | | |
| | <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 4/19/23 | Payee name MS Marketing | | | | |
| Amount (\$) \$250.00 | Payee address: 310 N Main St Suite E | | City: Keller TX | State: Zip Code 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Push Cards | | |
| | <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 |

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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 4/20/23 | 5 Payee name MS Marketing | |
| 6 Amount (\$) \$433.⁰⁰ | 7 Payee address: City: State: Zip Code 310 N Main St Suite E Keller TX 76248 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Pushcard |
| | (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 3/28/23 - 4/26/23 | Payee name Anedot | |
| Amount (\$) \$284.10 | Payee address: City: State: Zip Code 1340 Poydras Suite 1770 New Orleans LA 70112 | |
| 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 |

| | | |
|--|---|---------------------------|
| 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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