

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:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Angelo

NICKNAME

LAST

SUFFIX

A.J.

Pontillo

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

)

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

JoAnna

NICKNAME

LAST

SUFFIX

Avakian

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1308 Hardage Lane

Colleyville

TX

76034

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

597-7813

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

02 / 12 / 26

THROUGH

Month

Day

Year

04 / 02 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 02 / 26

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

GCISD Trustee, Place 5

13 OFFICE SOUGHT (if known)

GCISD Trustee, Place 5

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME A.J. Pontillo		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)	\$	5779.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2872.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4906.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2000.00

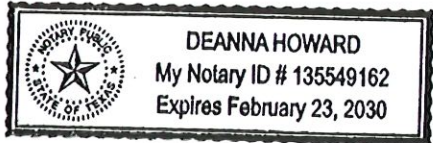
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by A.J. Pontillo this the 2 day of April, 2020, to certify which, witness my hand and seal of office.

Deanna Howard Signature of officer administering oath
Deanna Howard Printed name of officer administering oath
Executive Assistant 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

A.J. Pontillo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5779.81
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2872.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 5
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2 FILER NAME A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 03/09/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Dana Pontillo	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 19843 Bridgetown Loop Venice FL 34293		

8 Principal occupation / Job title (See Instructions) Clerk	9 Employer (See Instructions) Publix
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Date 03/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Mike Hummert	Amount of contribution (\$) 521.15
Contributor address; City; State; Zip Code 406 King Richard Irving TX 75061		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Zack Penn	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code 300 Running Bear Court Euless TX 76039		

Principal occupation / Job title (See Instructions) Business Owner	Employer (See Instructions) Self
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Date 03/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Jerome Obinado	Amount of contribution (\$) 1041.98
Contributor address; City; State; Zip Code 6904 Meade Drive Colleyville TX 76034		

Principal occupation / Job title (See Instructions) IT	Employer (See Instructions) Self
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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: 5
2 FILER NAME A.J. Pontillo		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Tony Bieniosek	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 4316 Hazy Meadow Lane Grapevine TX 76051	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/18/2026	Full name of contributor out-of-state PAC (ID#: _____) Gary Huddleston	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 3213 Wilbarger Trail Southlake TX 76092	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/18/2026	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Mele	Amount of contribution (\$) 260.73
	Contributor address; City; State; Zip Code 3022 Greengarden Blvd Erie PA 16508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Jean Knudson	Amount of contribution (\$) 208.65
	Contributor address; City; State; Zip Code 7605 Quartering Drive NRH TX 76182	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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Reset Form

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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: 5
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2 FILER NAME A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 03/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Brandi Elder	7 Amount of contribution (\$) 1041.98
6 Contributor address; City; State; Zip Code 3500 Cambridge Court Colleyville TX 76034		

8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)
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Date 03/25/2026	Full name of contributor out-of-state PAC (ID#: _____) Stephen Conover	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code 3043 Creekview Drive Grapevine TX 76051		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
---	-----------------------------

Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Leticia Brooks	Amount of contribution (\$) 26.35
Contributor address; City; State; Zip Code 224 Canterbury Street Euless TX 76030		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Brian Harkins	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code 2150 W. Northwest Hwy #114 Grapevine TX 76051		

Principal occupation / Job title (See Instructions) Retired	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: 5
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2 FILER NAME A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 03/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Marcy Barton	7 Amount of contribution (\$) 104.48
6 Contributor address; City; State; Zip Code 4165 Hallmont Drive Grapevine TX 76051		

8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)
---	-------------------------------

Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Greg Weston	Amount of contribution (\$) 208.65
Contributor address; City; State; Zip Code 4001 Whitby Lane Grapevine TX 76051		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Rocky Neal	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2826 Timber Hill Drive Grapevine TX 76051		

Principal occupation / Job title (See Instructions) IT	Employer (See Instructions)
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Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Tammy Nakumura	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1105 Tinker Road Colleyville TX 76034		

Principal occupation / Job title (See Instructions) Retired	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.

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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: 5
2 FILER NAME A.J. Pontillo		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Melinda Huffman	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 3324 Hall Johnson Road Grapevine TX 76051	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/31/2026	Full name of contributor out-of-state PAC (ID#: _____) Logan Scarbrough	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Nick Keyes	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 6906 Longwood Drive Colleyville TX 76034	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Textron
Date	Full name of contributor 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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Reset Form

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LOANS

SCHEDULE E

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 E: 1
2 FILER NAME A.J. Pontillo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2000.00
5 Date of loan 02/17/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Pontillo	9 Loan Amount (\$) 1000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2829 Greenbrook Court Grapevine TX 76051	10 Interest rate 0
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) NA
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/17/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) A.J. Pontillo	Loan Amount (\$) 1000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO Box 718 Colleyville TX 76034	Interest rate 0
		Maturity date NA
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 3/16/2026	5 Payee name Richey Company
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6 Amount (\$) 399.46	7 Payee address; 3910 Teleport Blvd	City; Irving	State; TX	Zip Code 75039
<small>Check if individual's residence address.</small>				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Shirts
	<small>(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/2026	Payee name Richey Company
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Amount (\$) 591.05	Payee address; 3910 Teleport Blvd	City; Irving	State; TX	Zip Code 75039
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sign Toppers
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/2026	Payee name The Mail Room
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Amount (\$) 208.17	Payee address; 729 Grapevine Hwy	City; Hurst	State; TX	Zip Code 76054
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

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	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 A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 03/24/2026	5 Payee name The Mailroom
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6 Amount (\$) 204.54	7 Payee address; 729 Grapevine Hwy	City; Hurst	State; TX	Zip Code 76054
<small>Check if individual's residence address.</small>				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pushcards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/30/2026	Payee name The Richey Company
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Amount (\$) 819.29	Payee address; 3910 Teleport Blvd	City; Irving	State; TX	Zip Code 75039
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/01/2026	Payee name Revv
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Amount (\$) 174.01	Payee address; 1920 L St. NW	City; Washington	State; DC	Zip Code 20036
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Processing Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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

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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 A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2026	5 Payee name The Mail Room	
6 Amount (\$) 476.30	7 Payee address; 729 Grapevine Hwy	City; State; Zip Code Hurst TX 76054
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Additional Large Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/></small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address.</small>				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/></small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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