

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST <i>Angelo</i>	MI
	NICKNAME <i>A.J.</i>	LAST <i>PONTILLO</i>	SUFFIX
OFFICE USE ONLY			
Date Received			
Date Hand-delivered or Date Postmarked <i>4/5/23 KKH</i>			
Receipt #		Amount \$	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / (MRS) / MR	FIRST <i>Kim</i>	MI
	NICKNAME	LAST <i>Pontillo</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1501 Hall Johnson Rd #718 Colleyville TX 76034</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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 <i>2 / 14 / 23 3 / 27 / 23</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 6 / 23</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>School Board</i>
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>GCISO School Board Places</i>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

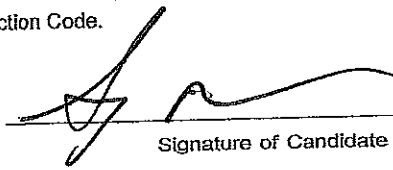
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

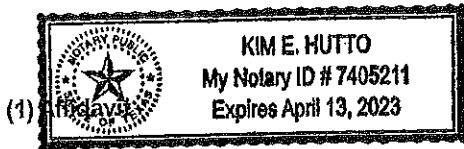
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,730.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,139.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,590.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,530.00

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.


Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by AS Pontillo this the 5th day of April, 2023, to certify which, witness my hand and seal of office.

Kim E. Hutto Kim E. Hutto Board Clerk
Signature of officer administering oath Printed name of officer administering oath 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$15,730.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$150.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$2,530.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$6,139.61
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:
2 FILER NAME A.J. PONTILLO		3 Filer ID (Ethics Commission Filers)
4 Date 2-21-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBERLY A. PONTILLO 6 Contributor address; City; State; Zip Code 2829 GREENBROOK CT. GRAPEVINE, TX 76051	7 Amount of contribution (\$) \$2,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS AND PAULA PONTILLO Contributor address; City; State; Zip Code 703 E. 34TH ST ERIE, PA 16504	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG AND LINDA GARDNER Contributor address; City; State; Zip Code 1806 Rolling Ridge DR GRAPEVINE, TX 76051	Amount of contribution (\$) \$60
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK McGUIRE Contributor address; City; State; Zip Code 4114 HARVESTWOOD DR GRAPEVINE, TX 76051	Amount of contribution (\$) \$100
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:
2 FILER NAME A.J. PONTILLO		3 Filer ID (Ethics Commission Filers)
4 Date 2-26-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID AND NANCY GROVES	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 5702 PONDEROSA ST. Colleyville TX 76034		
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#: _____) GREG WESTIN	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 4001 WHITBY LANE GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS Cobb	Amount of contribution (\$) \$5000
Contributor address; City; State; Zip Code 707 W. LD LOCKETT Rd Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA Pontillo	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 19843 BridgeTown Loop Venice, FL 34293		
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:
2 FILER NAME <i>A.J. Pontillo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-3-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CAROL WALKER</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>9405 GIMMIE CT. GRANBURY, TX 76049</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-3-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHERYL Mele</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>3022 GREENGARDEN BLVD ERIE PA 16508</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DARENDA RANGEL</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>4213 HEARTHSIDE DR GRAPEVINE, TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MAURICE WILLIAMS</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>925 HEATH CREEK DR DeSOTO, TX 75115</i>		
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:
2 FILER NAME <i>A.J. PONTILLO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-5-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHANIE LENCIONI</i>	7 Amount of contribution (\$) <i>\$100</i>
	6 Contributor address; City; State; Zip Code <i>6208 BRITTANY PARK CT. NORTH RICHLAND HILLS, TX 76182</i>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3-5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LISA ZOOTA</i>	Amount of contribution (\$) <i>\$250</i>
	Contributor address; City; State; Zip Code <i>6819 WHITTIER LN COLLEYVILLE, TX 76034</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3-5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILL FOLTZ</i>	Amount of contribution (\$) <i>\$250</i>
	Contributor address; City; State; Zip Code <i>3204 PARK VIEW CT. COLLEYVILLE, TX 76034</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3-5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGIE GALE</i>	Amount of contribution (\$) <i>\$200</i>
	Contributor address; City; State; Zip Code <i>13133 BERRYWOOD TRAIL KELLER, TX 76244</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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<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>
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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:
2 FILER NAME A.J. PONTILLO		3 Filer ID (Ethics Commission Filers)
4 Date 3-5-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ridgeway	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2704 ROSECLIFF TERRACE GRAPEVINE, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY HUDDLESTON	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3213 WILBARGER TRAIL GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Knudson	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 7605 QUARTERING DR. NORTH RICHLAND HILLS, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMARA SMITH	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1129 PRAIRIE WIND BLVD STEPHENVILLE, TX 76401		
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:
2 FILER NAME A. J. PONTILLO		3 Filer ID (Ethics Commission Filers)
4 Date 3-5-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOY A. NEUMANN	7 Amount of contribution (\$) \$ 150
6 Contributor address; City; State; Zip Code 7009 Shepherd's Glenn Colleyville, TX 76034		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZACKARY R. PENN	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 300 RUNNING BEAR CT. EULESS, TX 76039		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY NAKAMURA	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 1105 TINKER Rd Colleyville, TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL BROWN	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 2316 QUAL LANE GRAPEVINE, TX 76051		

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:
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2 FILER NAME <i>A.J. Pontillo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-5-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACK McGUIRE</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>4114 HARVESTWOOD DR. GRAPEVINE, TX 76051</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3-6-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRISTOPHER AND NANCY CARSON</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4223 GREEN MEADOW ST W COLLEYVILLE, TX 76034</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3-7-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHARON ROBINSON</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>1571 DUBLIN CIR GRAPEVINE, TX 76051</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3-8-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGUERITE TIMKO KINNEY</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>3803 Edgebrook Way ERIE, PA 16506</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:
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2 FILER NAME A.J. PONTILLO	3 Filer ID (Ethics Commission Filers)
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4 Date 3-17-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIRZAH AND JONATHAN SPENCER	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 1309 LAGUNA VISTA WAY GRAPEVINE, TX 76051		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3-18-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Costa	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2729 ROSECLIFF TERRACE GRAPEVINE, TX 76051		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE AND MELANIE VIA	Amount of contribution (\$) \$2300
Contributor address; City; State; Zip Code 2305 WOODMOOR LANE COLLEYVILLE, TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZACHARY R. PENN	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 300 RUNNING BEAR CT. EULESS, TX 76039		

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:
2 FILER NAME <i>A.J. PONTILLO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-26-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACK McGUIRE</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>4114 HARVESTWOOD DR. GRAPEVINE, TX 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-26-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMANDA KELSOR</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>2700 OLD ENGLISH CT EULESS, TX 76039</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-26-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAYLA SHAFFER</i>	Amount of contribution (\$) <i>\$20</i>
Contributor address; City; State; Zip Code <i>2500 STATE HWY 121 Apt 622 EULESS, TX 76039</i>		
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Angelo "A.J." Pontillo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 2/17/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Hall	8 Amount of Contribution \$ \$150.00	9 In-kind contribution description photography:
7 Contributor address; City; State; Zip Code 9 Echo Cove Grapevine TX 7605		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Angelo "A.J." Pontillo</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan <i>3/1/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angelo Pontillo</i>	9 Loan Amount (\$) <i>\$2,530.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code	10 Interest rate <i>0%</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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:	2 FILER NAME <i>Angela "A.J." Pontillo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/23</i>	5 Payee name <i>Grapevine Parks & Rec</i>	
6 Amount (\$) <i>\$56.43</i>	7 Payee address; <i>1175 Municipal Way</i>	City; State; Zip Code <i>Grapevine TX 76051</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Kick off Gathering</i>
	(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 <i>2/27/23</i>	Payee name <i>Edgerton Strategies</i>	
Amount (\$) <i>\$433.00</i>	Payee address; <i>1540 Keller Parkway #108-402, Keller</i>	City; State; Zip Code <i>TX 76248</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Push Cards</i>
	<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 <i>3/2/23</i>	Payee name <i>Wix.com</i>	
Amount (\$) <i>207.94</i>	Payee address; <i>500 Terry A. Francois Blvd 6th floor, San Francisco, CA</i>	City; State; Zip Code <i>94158</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Website (1 yr)</i>
	<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

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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:	2 FILER NAME Angelo "A.J." Pomilio	3 Filer ID (Ethics Commission Filers)
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4 Date 3/3/23	5 Payee name DIRT Cheap Signs
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6 Amount (\$) \$3,254.54	7 Payee address; 6706 Lohman Ford Rd., Lago Vista, TX	City; Lago Vista	State; TX	Zip Code 78645
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Political Signage
	(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
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Date 3/3/23	Payee name Richey Company
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Amount (\$) \$565.47	Payee address; 3910 Teleport Blvd	City; IRVING	State; TX	Zip Code 75039
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Shirts
	<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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Date 3/5/23	Payee name Edgerton Strategies, LLC
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Amount (\$) \$1,000.00	Payee address; 1540 Keller Pkwy # 108-402, Keller, TX	City; Keller	State; TX	Zip Code 76243
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Website Design
	<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:	2 FILER NAME Angelo "A.J." Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 3/17/23	5 Payee name Edgerton Strategies, LLC
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6 Amount (\$) \$500.00	7 Payee address; 1540 Keller Pkwy #108-402, Keller, TX	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 Political Consulting
	(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 3/17/23	Payee name Richey Company
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Amount (\$) \$19.53	Payee address; 3910 Teleport Blvd	City; Irving	State; TX	Zip Code 75039
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Sign
	<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 3/26/23	Payee name Revv Fundraising Platform
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Amount (\$) \$102.80	Payee address; Revv.com 1920 L St. NW Washington, D.C.	City; Washington	State; D.C.	Zip Code 20036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Revv host 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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