

# 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:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Angelo

NICKNAME

LAST

SUFFIX

A.J.

Pontillo

OFFICE USE ONLY

Date Received

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

( )

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs

JoAnna

NICKNAME

LAST

SUFFIX

Avakian

Receipt #

Amount \$

Date Processed

Date Imaged

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

04 / 02 / 26

THROUGH

Month

Day

Year

04 / 24 / 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

GENERAL

SPECIFIC

COMMITTEE NAME

Grapevine Fire Fighters Association Political Action Committee

COMMITTEE ADDRESS

4585 Denver Road, Sunset, TX 76720

COMMITTEE CAMPAIGN TREASURER NAME

Jerry Kovar

COMMITTEE CAMPAIGN TREASURER ADDRESS

4585 Denver Road, Sunset, TX 76720

Additional Pages

GO TO PAGE 2

# 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)**

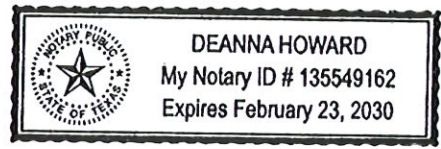
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9473.35
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	9992.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4387.89
<b>OUTSTANDING LOAN TOTALS</b>	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 Angelo Pontillo this the 24 day of April, 2020, to certify which, witness my hand and seal of office.

Deanna Howard Deanna Howard Election 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

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	\$ 9473.35
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	\$ 9992.45
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: **4**

2 FILER NAME  
**A.J. Pontillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/03/2026**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Pontillo**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**703 East 34th Street Erie PA 16504**

**100.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**04/03/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Joseph Costa**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2729 Rosecliff Terrace Grapevine TX 76051**

**260.73**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**04/03/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Gregory Moore**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**406 Marina View Way Austin TX 78734**

**1041.98**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/03/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Mario Pontillo**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**5791 SW 87th Court Road Ocala FL 34481**

**52.40**

Principal occupation / Job title (See Instructions)  
**Retired**

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.

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1 Total pages Schedule A1: **4**

2 FILER NAME  
**A.J. Pontillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/03/2026**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Cobb**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**707 W. LD Lockett Road Colleyville TX 76034**

**5000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**04/06/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Pasquale Pontillo**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2708 Willowood Drive Erie PA 16506**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/06/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Richard Wilson**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**3001 Creekview Drive Grapevine TX 76051**

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Retired**

Date  
**04/07/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Margaret Anderson**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**354 Pebblebrook Dr Grapevine TX 76051**

**208.65**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Retired**

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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: **4**

2 FILER NAME  
**A.J. Pontillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/07/2026**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Nancy Carson**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**4223 Green Meadow West Grapevine TX 76051**

**50.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**4/15/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Linda Gardner**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1806 Rolling Ridge Drive Grapevine TX 76051**

**104.48**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**4/15/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Mike Alfred**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6128 Theresa Lane Colleyville TX 76034**

**1041.98**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

Date  
**4/17/2026**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Cheryl Crow**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6704 Ethridge Court Colleyville TX 76034**

**208.65**

Principal occupation / Job title (See Instructions)  
**Retired**

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: <b>4</b>
2 FILER NAME <b>A.J. Pontillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/17/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Wayne Via</b>	7 Amount of contribution (\$)  <b>1150.00</b>
6 Contributor address; City; State; Zip Code <b>2305 Woodmoor Lane Colleyville TX 76034</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>04/22/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Larry Lehmann</b>	Amount of contribution (\$)  <b>104.48</b>
Contributor address; City; State; Zip Code <b>204 W Mill Valley Drive Collyeville TX 76034</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
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) <b>IT</b>		Employer (See Instructions)
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) <b>Retired</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**Reset Form**

**Reset Page**

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

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME A.J. Pontillo	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/09/2026	<b>5</b> Payee name JG Media
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<b>6</b> Amount (\$) 2225.00	<b>7</b> Payee address; PO Box 224423 <small>Check if individual's residence address.</small>	City; Dallas	State; TX	Zip Code 75222
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/15/2026	Payee name JG Media
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Amount (\$) 7466.65	Payee address; PO Box 224423 <small>Check if individual's residence address.</small>	City; Dallas	State; TX	Zip Code 75222
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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 04/20/2026	Payee name FedEx Office
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Amount (\$) 175.15	Payee address; 1301 W. Glade Road Ste 168 <small>Check if individual's residence address.</small>	City; Euless	State; TX	Zip Code 76039
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	2 FILER NAME A.J. Pontillo	3 Filer ID (Ethics Commission Filers)
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4 Date 04/23/2026	5 Payee name Revv
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6 Amount (\$) 125.65	7 Payee address; 1920 L St. NW <small>Check if individual's residence address.</small>	City; Washington	State; DC	Zip Code 20036
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Processing Fee
	(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	Payee name
------	------------

Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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