

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: **16**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Angelo

NICKNAME

LAST

SUFFIX

A.J.

Pontillo

OFFICE USE ONLY

Date Received

4/28/23
GPA

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

(469) 608-0798

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Simon

NICKNAME

LAST

SUFFIX

Pontillo

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

CITY;

STATE;

ZIP CODE

(Residence or Business)

1501 Hall Johnson Rd #718 Colleyville TX 76034

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 608-0798

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

Month

Day

Year

03 / 28 / 2023

THROUGH

04 / 28 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

School Board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GCISD School Board 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

Patriot Mobile Action

GENERAL

COMMITTEE ADDRESS

1527 W. State Hwy 114 Ste. 500, Pm B 297, Grapevine, TX 76051

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Steve Martin

COMMITTEE CAMPAIGN TREASURER ADDRESS

1527 W. State Hwy 114 Ste 500, Pm B 297, Grapevine, TX 76051

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <i>Angelo "AJ" Portillo</i> | | 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) | \$ <i>10,150.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>21,308.33</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>562.06</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>2,530.00</i> |

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.

Angelo M. Portillo
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Angelo AJ Portillo* this the *28* day of *April*, 20*23* to certify which, witness my hand and seal of office.
Stephanie Heppenstall *Stephanie Heppenstall* *Notary*
 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 <i>Angelo "A.J." Pontillo</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>10,150.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ <i>2,530.00</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>21,308.33</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>A.J. Pontillo</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-28-23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHEN CONOVER</i> | 7 Amount of contribution (\$) <i>\$50</i> |
| 6 Contributor address; City; State; Zip Code <i>3043 CREEKVIEW DR GRAPEVINE, TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-29-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLIAM HENRY MILLER III</i> | Amount of contribution (\$) <i>\$1000</i> |
| Contributor address; City; State; Zip Code <i>6820 FAIRBROOK CT. COLLEYVILLE, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-30-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN T EUBANKS</i> | Amount of contribution (\$) <i>\$1,000</i> |
| Contributor address; City; State; Zip Code <i>P.O. BOX 173 COLLEYVILLE, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-30-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRISTOPHER MAURER</i> | Amount of contribution (\$) <i>\$250</i> |
| Contributor address; City; State; Zip Code <i>1810 FAIRFAX CIRCLE GRAPEVINE, TX 76051</i> | | |
| 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 <i>A.J. Pontillo</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-30-23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY Mc Fadden</i> | 7 Amount of contribution (\$) <i>\$100</i> |
| 6 Contributor address; City; State; Zip Code <i>955 EASY ST. GRAPEVINE, TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Date <i>4-4-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BEVERLY GAINES</i> | Amount of contribution (\$) <i>\$300</i> |
| Contributor address; City; State; Zip Code <i>1265 SHADY OAKS SOUTHLAKE, TX 76092</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <i>4-4-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEFF HALL</i> | Amount of contribution (\$) <i>\$60</i> |
| Contributor address; City; State; Zip Code <i>9 ECHO COVE GRAPEVINE TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date <i>4-8-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GREGORY N MOORE</i> | Amount of contribution (\$) <i>\$1,000</i> |
| Contributor address; City; State; Zip Code <i>406 MARINA VIEW WAY LAKEWAY, TX 78734</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>A. J. PONTILLO</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4-6-23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAMI L. ADRIAN</i> | 7 Amount of contribution (\$) <i>\$100</i> |
| 6 Contributor address; City; State; Zip Code <i>2826 TIMBER HILL DR. GRAPEVINE, TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>4-7-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W LAURENCE OLIVER</i> | Amount of contribution (\$) <i>\$100</i> |
| Contributor address; City; State; Zip Code <i>4719 TAYLOR LANE GRAPEVINE, TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4-8-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie A SIMON</i> | Amount of contribution (\$) <i>\$100</i> |
| Contributor address; City; State; Zip Code <i>3426 SPRINDLETREE DR GRAPEVINE, TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4-3-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL K. SARTAIN</i> | Amount of contribution (\$) <i>\$400</i> |
| Contributor address; City; State; Zip Code <i>7113 CEDAR COURT Colleyville, TX 76034</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

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 4-11-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON DURBACH WOOD | 7 Amount of contribution (\$) \$220 |
| 6 Contributor address; City; State; Zip Code 1109 OAKMONT CT. Keller, TX 76248 | | |
| 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#: _____) T.E. BOND | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code 3104 ST. ALBANS Circle Colleyville, TX 76034 | | |
| 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#: _____) PETER M. NEUMANN | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code 7009 STEPHERDS GLN Colleyville, TX 76034 | | |
| 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#: _____) ROBERT K GAINES | Amount of contribution (\$) \$25 |
| Contributor address; City; State; Zip Code 1265 SHADY OAKS Southlake, TX 76092 | | |
| 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

A. J. Pontillo

3 Filer ID (Ethics Commission Filers)

4 Date

4-12-23

5 Full name of contributor

out-of-state PAC (ID#: _____)

JANET M TAYLOR & DAVID G. TAYLOR

7 Amount of contribution (\$)

\$65

6 Contributor address;

City;

State; Zip Code

3212 Rolling Hills Lane Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-12-23

Full name of contributor

out-of-state PAC (ID#: _____)

THOMAS V. COBB

Amount of contribution (\$)

\$2500

Contributor address;

City;

State; Zip Code

707 W. LD Lockett Rd. Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-23

Full name of contributor

out-of-state PAC (ID#: _____)

ADAM AND CAEY FISHER

Amount of contribution (\$)

\$120

Contributor address;

City;

State; Zip Code

6813 Pleasant Run Rd Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-23

Full name of contributor

out-of-state PAC (ID#: _____)

JEREMY W. HANKINS

Amount of contribution (\$)

\$160

Contributor address;

City;

State; Zip Code

6206 WESTCOAT DR. Colleyville, TX 76034

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

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 4-17-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAHERON TURNLEY Mc CARTNEY | 7 Amount of contribution (\$) \$750 |
| 6 Contributor address; City; State; Zip Code 3405 Middleton Way Colleyville, TX 76034 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4-18-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey M. Reese | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code 8720 Edinboro Rd McKean, PA 16426 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4-21-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER CARSON | Amount of contribution (\$) \$75 |
| Contributor address; City; State; Zip Code 4223 Green Meadow St W Colleyville, TX 76034 | | |
| 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#: _____) GREGORY E. GARDNER | Amount of contribution (\$) \$150 |
| Contributor address; City; State; Zip Code 1806 Rolling Ridge Dr Grapevine, TX 76051 | | |
| 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

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

3-28-23

5 Full name of contributor

STEPHEN CONOVER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

3043 CREEKVIEW DR. GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-23

Full name of contributor

CHRISTOPHER MAURER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

1810 FAIRFAX CIRCLE GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-23

Full name of contributor

GARY McFADDEN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

955 EASY ST. GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-23

Full name of contributor

PHILIP STRANGE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

2707 WHITBY LANE GRAPEVINE, TX 76051

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

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 4-7-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM SHREWSBURY | 7 Amount of contribution (\$) \$50 |
| | 6 Contributor address; City; State; Zip Code 6313 DERBY DR. COLLEYVILLE, TX 76034 | |
| 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#: _____) NICHOLAS KAUFMAN | Amount of contribution (\$) \$100 |
| | Contributor address; City; State; Zip Code 205 S. DOOLEY GRAPEVINE, TX 76051 | |
| 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#: _____) JOSIE MOYER | Amount of contribution (\$) \$100 |
| | Contributor address; City; State; Zip Code 2619 KIMBERLY DR. GRAPEVINE, TX 76051 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date 4-14-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHLEEN PENAK | Amount of contribution (\$) \$25 |
| | Contributor address; City; State; Zip Code 1096 ROSEWOOD DR. GRAPEVINE, TX 76051 | |
| 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: |
| 2 FILER NAME A.J. PONTILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4-15-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN Lee | 7 Amount of contribution (\$) \$50 |
| 6 Contributor address; City; State; Zip Code 8825 Wandering Branch Keller, TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4-21-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERYL GUTH | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code 3603 LABRADOR BAY GRAPEVINE, TX 76051 | | |
| 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) |
| 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.

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 "AJ" Pomillo</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <i>0</i> |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angelo Pomillo</i> | 9 Loan Amount (\$) <i>\$2530.00</i> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/> | 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 <input type="radio"/> N <input type="radio"/> | 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 Expense | 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: | 2 FILER NAME <i>Angelo "A.J." Pontillo</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/3/2023</i> | 5 Payee name <i>Edgerton Strategies</i> | |
| 6 Amount (\$) <i>\$433.00</i> | 7 Payee address; City; State; Zip Code <i>1540 Keller Parkway #108-402, Keller TX 76248</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>Push cards</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/4/2023</i> | Payee name <i>Axiom Strategies</i> | |
| Amount (\$) <i>6,432.00</i> | Payee address; City; State; Zip Code <i>800 W. 47th ST STE 200 Kansas City Mo 64112</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Mailing</i> |
| | <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 <i>4/6/2023</i> | Payee name <i>Dirt Cheap Signs</i> | |
| Amount (\$) <i>860.00</i> | Payee address; City; State; Zip Code <i>6706 Lohman Ford Rd, Lago Vista TX 78642</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>Political Signage</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Angelo "AJ" Pontillo</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/11/2023</i> | | 5 Payee name <i>Axiom Strategies</i> | | | |
| 6 Amount (\$) <i>5,554.00</i> | | 7 Payee address; City; State; Zip Code <i>800 W. 47th St STE 200 Kansas City MO 64112</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | | (b) Description <i>Mailer</i> | | |
| | <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 | | | | | |
| Date <i>4/15/2023</i> | | Candidate / Officeholder name <i>Edgerton Strategies, LLC</i> | | | |
| Amount (\$) <i>\$500.00</i> | | Payee address; City; State; Zip Code <i>1540 Keller Pkwy # 108-402, Keller TX 76248</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | | Description <i>Political Consulting</i> | | |
| | <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 | | | | | |
| Date <i>4/18/2023</i> | | Candidate / Officeholder name <i>Edgerton Strategies, LLC</i> | | | |
| Amount (\$) <i>216.50</i> | | Payee address; City; State; Zip Code <i>1540 Keller Pkwy # 108-402, Keller 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 ONLY if direct expenditure to benefit C/OH | | | | | |
| 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 Expense | 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: | 2 FILER NAME <i>Angelo "A.J." Pontillo</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/22/2023</i> | 5 Payee name <i>Edgenton Strategies, LLC</i> | |
| 6 Amount (\$) <i>1279.83</i> | 7 Payee address; City; State; Zip Code <i>1540 Keller Pkwy #108-402 Keller TX 76249</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Texting</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/25/2023</i> | Payee name <i>Axiom Strategies</i> | |
| Amount (\$) <i>5,993.00</i> | Payee address; City; State; Zip Code <i>800 W. 47th St STE 200 Kansas City MO 64112</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>MailRR</i> |
| | <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 <i>4/25/2023</i> | Payee name <i>Revv Fundraising Platform</i> | |
| Amount (\$) <i>40.00</i> | Payee address; City; State; Zip Code <i>Revv.com 1920 L St. NW Washington, D.C. 20036</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fee</i> | Description <i>Revv host processing Fee</i> |
| | <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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