

# 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: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>Diana</b>	MI
	NICKNAME	LAST <b>Sajer</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<b>3501 Fox Meadows Dr. Colleyville, TX 76034</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(817)</b>	<b>991-4601</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>Julie</b>	MI
	NICKNAME	LAST <b>Voss</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<b>5203 Bugle Lane Colleyville, TX 76034</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(972)</b>	<b>824-4802</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>3</b>	<b>28</b>	<b>2023</b>
	THROUGH		Month Day Year
			<b>4 / 26 / 2023</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> <b>General</b> <input type="checkbox"/> Special
	<b>5</b>	<b>16 / 2023</b>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<b>NA</b>	<b>GCISD Board of Trustees Place 6</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)    Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	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 <i>Dianna Sager</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)	\$ <i>200.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3009.44</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3790.86</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>804.14</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>Ø</i>

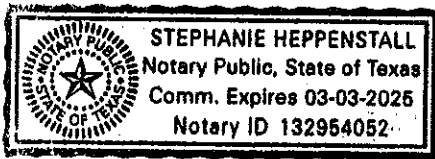
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Dianna Sager*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Dianna Sager* this the *28* day of *April*, 20*23* to certify which, witness my hand and seal of office.

*Stephanie Heppenstall* Signature of officer administering oath  
*Stephanie Heppenstall* Printed name of officer administering oath  
*notary* 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>Julie Voss</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2009.44</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	SCHEDULE E: LOANS	\$ <i>0</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3790.86</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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>6</b>
2 FILER NAME <b>Julie Voss</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15/23</b>	5 Full name of contributor <b>Mindy McClure</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>194.02</b>
6 Contributor address; City; State; Zip Code <b>800 Beverly Drive Colleyville TX 76034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/15/23</b>	Full name of contributor <b>Amy Wamen</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>2102 Old English Ct Euless, TX 76039</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/13/23</b>	Full name of contributor <b>Kenneth Cortz</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>19.52</b>
Contributor address; City; State; Zip Code <b>4403 Asbury Drive Grapevine TX 76051</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/16/23</b>	Full name of contributor <b>Vickie Walher</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>does not wish to provide Street info Bedford TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		<b>333.54</b>
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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: <b>6</b>
2 FILER NAME <b>Juice Voss</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Erica Stickeney</b>	7 Amount of contribution (\$) <b>40.00</b>
6 Contributor address; City; State; Zip Code <b>5305 Cottonwood Ct Colleyville TX 76034</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Frazier</b>	Amount of contribution (\$) <b>980.90</b>
Contributor address; City; State; Zip Code <b>3405 Fox Meadows Dr. Colleyville TX 76034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/28</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jessica Jackson</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>3102 Scarborough Ln W. Colleyville TX 76034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/30</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kelly Howe</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>517 Dunn St. Onepine TX 76051</b>		
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.

**1310.90**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Julie Boss		3 Filer ID (Ethics Commission Filers)
4 Date 4/11	5 Full name of contributor Jane Clark out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 115 West. Greenbriar Lane Colleyville TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11	Full name of contributor Suzy Compton out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6737 Britany Park Ct. North, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12	Full name of contributor Hollie Ford out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5806 Highland Hills Lane Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15	Full name of contributor Veronica Mums out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 522 Post Oak Dr. Grayson TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>6</i>
2 FILER NAME <i>Julie Voss</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16</i>	5 Full name of contributor <i>Aurora East</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>3521 Windsor Forest Dr. Grapevine, TX 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/16</i>	Full name of contributor <i>Teri Morrison</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>82 Ravens Ridge Santa Fe, NM 87505</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/16</i>	Full name of contributor <i>Cory Klein</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>602 Ellington Dr. Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/16</i>	Full name of contributor <i>Bryan Holland</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>42 Veranda Lane Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 Julie Voss		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/23	5 Full name of contributor Amy Flory out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3939 W.T. Burr Rd Grapevine TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/4	Full name of contributor Hilarie Benedetto out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 320 Summit Ave Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/12	Full name of contributor Santiago Apodaca out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7003 Lamar G. Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/21	Full name of contributor Mark Harrison out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1421 Douglas Ave Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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275.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Julie Voss</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4</b>	5 Full name of contributor <b>Charles Moggel</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>1217 Tuscan Dr. Colleyville TX 76027</b>		
8 Principal occupation / Job title (See Instructions)		9 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)		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)		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)		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)		Employer (See Instructions)

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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 <i>Julie Boss</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16</i>	5 Payee name <i>The Mail Room</i>	
6 Amount (\$) <i>173.51</i>	7 Payee address; City; State; Zip Code <i>729 Grapenrie Hwy Hurst TX 76054</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>mailers</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/26</i>	Payee name <i>Julie Boss</i>	
Amount (\$) <i>\$3617.35</i>	Payee address; City; State; Zip Code <i>The Mail Room 729 Grapenrie Hwy Hurst, TX 76054</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>mailers</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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*3790.86*