

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: 21																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mrs</td> <td style="text-align: center;">Kimberly</td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; text-align: center;">LAST</td> <td style="border-top: 1px dotted black; text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Phoenix</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mrs	Kimberly			NICKNAME	LAST	SUFFIX			Phoenix			OFFICE USE ONLY				
MS / MRS / MR	FIRST	MI																				
Mrs	Kimberly																					
NICKNAME	LAST	SUFFIX																				
	Phoenix																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX,</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">5333 Meritage Ln Grapevine TX 76051</td> </tr> </table>	ADDRESS / PO BOX,	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5333 Meritage Ln Grapevine TX 76051					Date Received 4-28-23 SH										
ADDRESS / PO BOX,	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
5333 Meritage Ln Grapevine TX 76051																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>702-3727</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	702-3727		Date Hand-delivered or Date Postmarked														
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(214)	702-3727																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mr</td> <td style="text-align: center;">Joseph</td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; text-align: center;">LAST</td> <td style="border-top: 1px dotted black; text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Cross</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr	Joseph			NICKNAME	LAST	SUFFIX			Cross			Receipt #	Amount \$			
MS / MRS / MR	FIRST	MI																				
Mr	Joseph																					
NICKNAME	LAST	SUFFIX																				
	Cross																					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">2309 Woodmoor Ln Colleyville TX 76034</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2309 Woodmoor Ln Colleyville TX 76034													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)											
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center; font-size: small;">Month Day Year</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center; font-size: small;">THROUGH</td> <td style="width:25%; text-align: center; font-size: small;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">4 / 7 / 23</td> <td></td> <td></td> <td style="text-align: center;">4 / 27 / 23</td> </tr> </table>			Month Day Year		THROUGH	Month Day Year	4 / 7 / 23			4 / 27 / 23											
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">Primary</td> <td style="font-size: small;">Runoff</td> <td style="font-size: small;"><input checked="" type="checkbox"/> Other Description</td> </tr> <tr> <td>5</td> <td>6</td> <td>23</td> <td>General</td> <td>Special</td> <td>School Board</td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	<input checked="" type="checkbox"/> Other Description	5	6	23	General	Special	School Board			
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Month	Day	Year	Primary	Runoff	<input checked="" type="checkbox"/> Other Description																	
5	6	23	General	Special	School Board																	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) GCISD Place 7																				
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.																					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																				
	GENERAL	COMMITTEE ADDRESS																				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																				
		COMMITTEE CAMPAIGN TREASURER ADDRESS																				

GO TO PAGE 2

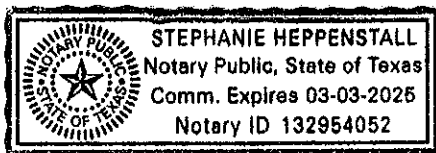
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kimberly Phoenix		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)	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,984.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 232.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,743.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,793.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Kimberly Phoenix
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kimberly Phoenix this the 28 day of April, 2023, 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 Kimberly Phoenix		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,682.52
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,510.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 13
2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mindy McClure 6 Contributor address; City; State; Zip Code 800 Beverly Drive Colleyville, TX 76034	7 Amount of contribution (\$) 52.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Amanda Harvey Contributor address; City; State; Zip Code 1412 Tennison Pkwy Colleyville, 76034	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Katherine Parks Contributor address; City; State; Zip Code 3519 Mercury Drive Grapevine, TX 76051	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Laura Bertke Contributor address; City; State; Zip Code 904 Water Oak Dr Grapevine, TX 76051	Amount of contribution (\$) 52.45
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.		

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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Tanya Lippe 6 Contributor address; City; State; Zip Code 2725 Springhill Drive Grapevine, TX 76051	7 Amount of contribution (\$) 52.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Aaron Cerpanya Contributor address; City; State; Zip Code 913 Wildwood Cir Grapevine, TX 76051	Amount of contribution (\$) 519.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Christina Moore Contributor address; City; State; Zip Code 2823 Cresthaven Drive Grapevine, 76051	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Daniel Arrigona Contributor address; City; State; Zip Code 2925 Red Bird Lane Grapevine, 76051	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lara Trevino	7 Amount of contribution (\$) 52.37
	6 Contributor address; City; State; Zip Code 3317 Briar Cove Grapevine, 76051	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Trelawny Shepherd	Amount of contribution (\$) 26.48
	Contributor address; City; State; Zip Code 2116 Kings Forest Lane Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Fullhart	Amount of contribution (\$) 52.45
	Contributor address; City; State; Zip Code 1924 Rose CT Grapevine, TX 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Gina Appleby	Amount of contribution (\$) 208.28
	Contributor address; City; State; Zip Code 2734 Hideen Lake Drive Grapevine, TX 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Carrie L Stewart	26.48
	6 Contributor address; City; State; Zip Code 5407 Sycamore Ct Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Karl Meek	52.37
	Contributor address; City; State; Zip Code 6204 Rock Dove Circle Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Dee Ann Barsallo	52.45
	Contributor address; City; State; Zip Code 3403 Middleton Way Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Christy Spivey	104.39
	Contributor address; City; State; Zip Code 3907 Martin Parkway Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ken Clontz 6 Contributor address; City; State; Zip Code 4403 Asbury Drive Grapevine, TX 76051	7 Amount of contribution (\$) 26.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Veronica Morris Contributor address; City; State; Zip Code 522 Post Oak Rd Grapevine, TX 76051	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Aurora East Contributor address; City; State; Zip Code 3521 Windsor Forest Drive Grapevine, TX 76051	Amount of contribution (\$) 10.72
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandra Ramirez Contributor address; City; State; Zip Code 2050 Grayson Dr Apt 13105 Grapevine, 76051	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kristine Leathers	260.22
	6 Contributor address; City; State; Zip Code 6300 Emerald Dr COLLEYVILLE, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Angela Catalano	21.13
	Contributor address; City; State; Zip Code 201 W Charlottesville Ave Colleyville, 76034-6907	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Petric	21.13
	Contributor address; City; State; Zip Code 2105 High Gate Dr Colleyville, 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Hollee Ford	50.00
	Contributor address; City; State; Zip Code 5806 Highland Hills Ln Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 04/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Justin Adams 6 Contributor address; City; State; Zip Code 1954 Limerick Ln Grapevine, TX 76051	7 Amount of contribution (\$) 26.34
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Williams Contributor address; City; State; Zip Code 5205 Braedon Lane Colleyville, TX 76034	Amount of contribution (\$) 519.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Caitlin Dodd Contributor address; City; State; Zip Code 4153 Windomere Grapevine, TX 76051	Amount of contribution (\$) 26.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Jessica Grace Contributor address; City; State; Zip Code 5112 Heatherdale Drive Grapevine, TX 76051	Amount of contribution (\$) 21.29
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Melissa Cross	52.45
	6 Contributor address; City; State; Zip Code 2309 Woodmoor In Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Amy Gilani	104.42
	Contributor address; City; State; Zip Code 603 Green Meadow St. N Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Sarah Jones	26.34
	Contributor address; City; State; Zip Code 1416 Tennison Pkwy Colleyville, 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Kathy Welch	52.37
	Contributor address; City; State; Zip Code 3353 Pecan Hollow Ct Grapevine, 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 04/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Garrett 6 Contributor address; City; State; Zip Code 1847 Sonnet Dr Grapevine 76051,	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Virginia Phoenix Contributor address; City; State; Zip Code 840 Ridge Drive Bedford, TX 76021	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Heidi Doty Contributor address; City; State; Zip Code 5329 Meritage Lane Grapevine, TX 76051	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Carolyn Namy Contributor address; City; State; Zip Code 4520 Westbury Drive Colleyville, TX 76034	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Amanda Thode	208.54
	6 Contributor address; City; State; Zip Code 2016 Lake Forest Rd Grapevine, 76051	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Courtney Hedgpeth	26.34
	Contributor address; City; State; Zip Code 4335 Windswept Ln Grapevine, 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Odette Limosnero	52.37
	Contributor address; City; State; Zip Code 2621 Independence Road Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Heidi Hughes	104.39
	Contributor address; City; State; Zip Code 411 McDonwell School Rd. Colleyville, TX 76034	
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Julie Kerr	7 Amount of contribution (\$) 26.48
	6 Contributor address; City; State; Zip Code 1405 Douglas Ave. COLLEYVILLE, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Lyndsey Hill	Amount of contribution (\$) 208.28
	Contributor address; City; State; Zip Code 301 Harmony Hill Rd Grapevine, TX 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Shellie Carson	Amount of contribution (\$) 10.72
	Contributor address; City; State; Zip Code 2705 Greenbrook Ct Grapevine, 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Amanda Smith	Amount of contribution (\$) 31.55
	Contributor address; City; State; Zip Code 2405 Spruce Ct Colleyville, 76034	
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: 13
2 FILER NAME Kimberly Phoenix		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Beverly Mavis	52.37
	6 Contributor address; City; State; Zip Code 4301 Green Meadow Street East Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Paige Kirkman	52.37
	Contributor address; City; State; Zip Code 4352 Crestwood Ct Grapevine, 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Sackson	52.37
	Contributor address; City; State; Zip Code 1511 Caldwell Creek Dr Colleyville, 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Chris Julian	52.45
	Contributor address; City; State; Zip Code 6340 Lake Worth Blvd Ft. Worth, TX #240 76135	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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: 5	2 FILER NAME Kimberly Phoenix	3 Filer ID (Ethics Commission Filers)
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4 Date 04/27/2023	5 Payee name Zebra Marketing Corp
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6 Amount (\$) 425.37	7 Payee address; 850 Lakeside Dr. Ste AMobile, AL 36693	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Car Magnets
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/27/2023	Payee name Zebra Marketing Corp
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Amount (\$) 189.78	Payee address; 850 Lakeside Dr. Ste AMobile, AL 36693	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Labels
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/26/2023	Payee name Lowe's
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Amount (\$) 14.03	Payee address; 300 State Highway 121 Eules, TX 76039	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Equipment for signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Kimberly Phoenix	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2023	5 Payee name Signarama	
6 Amount (\$) 654.27	7 Payee address; City; State; Zip Code 151 S Dooley St #101 Grapevine Texas 76051	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Large signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/19/2023	Payee name Lowes	
Amount (\$) 77.72	Payee address; City; State; Zip Code 770 Grapevine Hwy Hurst, TX 76054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stakes for large signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/21/2023	Payee name Lowes	
Amount (\$) 42.76	Payee address; City; State; Zip Code 770 Grapevine Hwy Hurst, TX 76054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stakes for large signs
	Check if travel outside of Texas. Complete Schedule T. 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

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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: 5	2 FILER NAME Kimberly Phoenix	3 Filer ID (Ethics Commission Filers)
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4 Date 04/27/2023	5 Payee name Zebra Marketing Corp
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6 Amount (\$) 793.34	7 Payee address; 850 Lakeside Dr. Ste A Mobile, AL 36693	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Large Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/10/2023	Payee name NTX Apparel
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Amount (\$) 909.30	Payee address; 315 Sage Ln, Euless, TX 76039	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/07/2023	Payee name Amazon
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Amount (\$) 20.22	Payee address; 410 Terry Ave N, Seattle, WA 98109.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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: 5	2 FILER NAME Kimberly Phoenix	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name THE MAIL ROOM	
6 Amount (\$) 2,349.18	7 Payee address; City; State; Zip Code 729 GRAPEVINE HWY HURST TX 76054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcards - Print & Mail
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/23/2023	Payee name Lowe's	
Amount (\$) 90.15	Payee address; City; State; Zip Code 300 State Highway 121 Euless, TX 76039	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Equipment for large signs
	Check if travel outside of Texas. Complete Schedule T. 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 04/24/2023	Payee name Lowe's	
Amount (\$) 25.27	Payee address; City; State; Zip Code 201 N Kimball Ave Southlake, TX 76092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Equipment for large signs
	Check if travel outside of Texas. Complete Schedule T. 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: 5	2 FILER NAME Kimberly Phoenix	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Payee name Signarama	
6 Amount (\$) 919.30	7 Payee address; City; State; Zip Code 151 S Dooley St #101 Grapevine Texas 76051	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name Ze	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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