

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) 921569017	2 Total pages filed: 28				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received APR 05 2023 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
		Mr. Reed	M				
NICKNAME	LAST	SUFFIX					
	Bond						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
Change of Address	2741 Costa Mesa Dr.		Little Elm,	TX	75068		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	832-4139					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
		Mr. Rodney	M				
	NICKNAME	LAST	SUFFIX				
		Bond					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
(Residence or Business)	401 Boyd Dr., Apt. 1118, Grapevine, TX			TX		76051	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	475-9950					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	3	28	23		4	26	23
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	5	6	23	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				FISD Trustee - Place 4			
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					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Reed M Bond		16 Filer ID (Ethics Commission Filers) 921569017
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,389.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 366.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,868.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,000.00

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

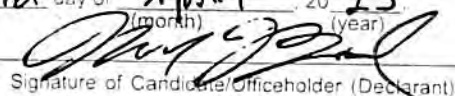
Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is Reed M Bond and my date of birth is 8/31/1981
 My address is 2741 Costa Mesa Dr. Little Elm TX 75068 USA
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of TX, on the 3rd day of April, 20 23
(month) (year)



Signature of Candidate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed

AB
29 27

OFFICE USE ONLY

Filer ID #

Date Received

APR 03 2023

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date (Image)

2 CANDIDATE NAME

MS/MRS/MR FIRST MI
Mr. Reed M
NICKNAME LAST SUFFIX
Bond

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX APT. SUITE # CITY STATE ZIP CODE
2741 Costa Mesa Dr., Little Elm, TX 75068

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 832-4139

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

FISD Trustee - Place 4

7 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Mr. Rodney M Bond

8 CAMPAIGN TREASURER STREET ADDRESS

STREET ADDRESS APT. SUITE # CITY STATE ZIP CODE
401 Boyd, Dr. 1118 Grapevine, TX 76051

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 475-9950

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.


Signature of Candidate

4/3/23
Date Signed

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Reed M Bond		20 Filer ID (Ethics Commission Filers) 921569017
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,389.02
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 11,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 7,868.97
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/13/2023

5 Full name of contributor

Patrick Wamhoff

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

7 Amount of contribution (\$)

238.38

6 Contributor address;

City;

State;

Zip Code

1136 Churchill Dr., Frisco, TX 75036

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/13/2023

Full name of contributor

R Kerry Huffman

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

9423 Tanyard LN, Frisco, TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/2023

Full name of contributor

James Smith

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2535 Loch Haven Ct., Frisco, TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2023

Full name of contributor

Terry D Gooch

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1636 Lake Way Dr., Little Elm, TX 75068

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 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Sue Gamboa	50.00
	6 Contributor address; City; State; Zip Code 2675 Calmwood Dr., Little Elm, TX 75068	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Joanne M.G. Janssen	20.00
	Contributor address; City; State; Zip Code 1316 Pelican Dr., Frisco, TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Brett McCann	47.70
	Contributor address; City; State; Zip Code 6295 Larkspur Ln., Frisco, TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Toni Fabry	47.70
	Contributor address; City; State; Zip Code 7338 Willow Creek Drive, Frisco TX 75703	
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:

3 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/26/2023

5 Full name of contributor

Scott Fagan

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

6 Contributor address:

City:

State:

Zip Code

4727 Druid Hills Dr., Frisco TX 75034

7 Amount of contribution (\$)

191.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/2023

Full name of contributor

Vickie Costa

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

Contributor address:

City:

State:

Zip Code

10521 Chablis Lane, Frisco TX 75035

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2023

Full name of contributor

Shirley Robert

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

Contributor address:

City:

State:

Zip Code

6362 Loudoun Springs Drive, Frisco TX 75036

Amount of contribution (\$)

191.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2023

Full name of contributor

Howard Akin

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

Contributor address:

City:

State:

Zip Code

44 Armstrong Drive, Frisco TX 75034

Amount of contribution (\$)

959.70

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: 4 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Shannon Clay	47.70
	6 Contributor address; City; State; Zip Code 15039 Spider Lily Rd, Frisco TX 75035	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Kent Sexton	47.70
	Contributor address; City; State; Zip Code 13167 Cleburne Drive, Frisco TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) DeLeon English	239.70
	Contributor address; City; State; Zip Code 1441 Thornhill Lane, Little Elm TX 75068	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Sabine Durbin	47.70
	Contributor address; City; State; Zip Code 7501 Veronica Lane, Frisco TX 75033	
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:

5 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/13/2023

5 Full name of contributor

Gerald Turner

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

6 Contributor address;

City;

State;

Zip Code

7836 Roundtable Road, Frisco TX 75035

7 Amount of contribution (\$)

23.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/2023

Full name of contributor

Amy Snow

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

Contributor address;

City;

State;

Zip Code

14551 Daneway Drive, Frisco TX 75035

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Sonya Christle

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

Contributor address;

City;

State;

Zip Code

3746 Elmstead Drive, Frisco TX 75034

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Keith Groat

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

Contributor address;

City;

State;

Zip Code

4936 Toledo Bend Dr., Frisco TX 75033

Amount of contribution (\$)

959.70

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:

6 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/07/2023

5 Full name of contributor

Julie Greene

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

6 Contributor address;

City;

State;

Zip Code

2909 Hagen Drive, Plano TX 75025

7 Amount of contribution (\$)

95.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/05/2023

Full name of contributor

Amy Haynes

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

Contributor address;

City;

State;

Zip Code

6308 Brownstone Dr., McKinney TX 75070

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2023

Full name of contributor

Brenda Rogers

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

Contributor address;

City;

State;

Zip Code

2251 Feathering Dr. Frisco TX 75036

Amount of contribution (\$)

9.30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2023

Full name of contributor

Melinda Preston

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

Contributor address;

City;

State;

Zip Code

13370 Bayfield Drive, Frisco TX 75033

Amount of contribution (\$)

191.70

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:

7 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/04/2023

5 Full name of contributor

John Rutledge

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

6 Contributor address;

City;

State;

Zip Code

16417 Ryder Rock Rd., Frisco TX 75033

7 Amount of contribution (\$)

95.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2023

Full name of contributor

Lennea Hartoonian

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

Contributor address;

City;

State;

Zip Code

11043 Ruidosa Lane, Frisco TX 75033

Amount of contribution (\$)

239.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Lisa Akerly

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

Contributor address;

City;

State;

Zip Code

12398 Flowering Drive, Frisco TX 75035

Amount of contribution (\$)

239.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Jena Masquelier

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

Contributor address;

City;

State;

Zip Code

3071 Cape Buffalo Trail, Frisco TX 75034

Amount of contribution (\$)

959.70

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: <i>8 of 14</i>
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) <i>92-1569017</i>
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Harrison Cohen	7 Amount of contribution (\$) 239.70
	6 Contributor address; City; State; Zip Code 6817 Southpoint Drive, Dallas TX 75248	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Misty Wamhoff	Amount of contribution (\$) 47.70
	Contributor address; City; State; Zip Code 1136 Churchill Dr., Frisco TX 75036	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandra Lehde	Amount of contribution (\$) 23.70
	Contributor address; City; State; Zip Code 8400 Stonebrook Pkwy, Frisco TX 75034	

Principal occupation / Job title (See Instructions) <i>#1936</i>	Employer (See Instructions)
--	-----------------------------

Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Ashley Boyers	Amount of contribution (\$) 23.70
	Contributor address; City; State; Zip Code 9338 Cherry Brook Lane, Frisco TX 75033	

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: 9 of 14
2 FILER NAME Reed M Bpnd		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Justin Harville	7 Amount of contribution (\$) 47.70
	6 Contributor address; City; State; Zip Code 3263 Appleblossom Dr., Frisco TX 75033	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Heinrich	Amount of contribution (\$) 95.70
	Contributor address; City; State; Zip Code 1508 Waterfall Lane, Little Elm TX 75068	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrew Cucci	Amount of contribution (\$) 47.70
	Contributor address; City; State; Zip Code 720 Telemark Trail, Frisco TX 75036	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Casey McGinnis	Amount of contribution (\$) 191.70
	Contributor address; City; State; Zip Code 4029 Veneto Drive, Frisco TX 75033	

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/03/2023

5 Full name of contributor

Frank Deutschmann

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

6 Contributor address:

City:

State:

Zip Code

9300 DAYSTAR DR., Plano TX 75025

7 Amount of contribution (\$)

191.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Summer Elliott

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

Contributor address:

City:

State:

Zip Code

10712 Patton Drive, McKinney TX 75070

Amount of contribution (\$)

47.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Lyndi Linker

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

Contributor address:

City:

State:

Zip Code

2870 Killdeer Trail, Prosper TX 75078

Amount of contribution (\$)

95.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Jennifer Kent

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

Contributor address:

City:

State:

Zip Code

15112 Christopher Lane, Frisco TX 75035

Amount of contribution (\$)

23.70

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: 11 of 14
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 92-1569017
4 Date 03/03/2023	5 Full name of contributor Valerie Cohen out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 43.86
	6 Contributor address; City; State; Zip Code 6817 Southpoint Drive, Dallas TX 75248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/03/2023	Full name of contributor Anna Preissig out-of-state PAC (ID#: _____)	Amount of contribution (\$) 21.78
	Contributor address; City; State; Zip Code 11771 Capitan Lane, Frisco TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor David Willey out-of-state PAC (ID#: _____)	Amount of contribution (\$) 47.70
	Contributor address; City; State; Zip Code 6503 Eden Valley Drive, Frisco TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor Cassidy Johnston out-of-state PAC (ID#: _____)	Amount of contribution (\$) 95.70
	Contributor address; City; State; Zip Code 8101 Bobwhite Drive, Frisco TX 75034	
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:

12 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

03/01/2023

5 Full name of contributor

Elizabeth Heinrich

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

6 Contributor address;

City;

State;

Zip Code

1508 Waterfall Lane, Little Elm TX 75068

7 Amount of contribution (\$)

95.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/01/2023

Full name of contributor

Marsha Flewelling

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

Contributor address;

City;

State;

Zip Code

3018 Catamaran Ct., Frisco TX 75036

Amount of contribution (\$)

71.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2023

Full name of contributor

Christopher Gilbert

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

Contributor address;

City;

State;

Zip Code

11306 Casa Grande Trl., Frisco TX 75033

Amount of contribution (\$)

95.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2023

Full name of contributor

Elizabeth Heinrich

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

Contributor address;

City;

State;

Zip Code

1508 Waterfall Lane, Little Elm TX 75068

Amount of contribution (\$)

95.70

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:

13 of 14

2 FILER NAME

Reed M Bond

3 Filer ID (Ethics Commission Filers)

92-1569017

4 Date

02/20/2022

5 Full name of contributor

Marian Maitlen

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

6 Contributor address;

City;

State;

Zip Code

1406 Randy Drive, Weatherford, TX TX 76086

7 Amount of contribution (\$)

95.70

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/20/2022

Full name of contributor

Lindy Shinn

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

Contributor address;

City;

State;

Zip Code

3615 Corkwood Drive, Frisco TX 75034

Amount of contribution (\$)

23.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/2022

Full name of contributor

Rodney M Bond

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

Contributor address;

City;

State;

Zip Code

401 Boyd Dr. 1118, Grapevine, TX 76051

Amount of contribution (\$)

23.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2022

Full name of contributor

Michelle Milholland

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

Contributor address;

City;

State;

Zip Code

6050 Chamberlyne Drive, Frisco TX 75034

Amount of contribution (\$)

479.70

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: <i>14 of 14</i>
2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) <i>92-1569017</i>
4 Date 02/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kaitlyn Mathews	7 Amount of contribution (\$) 23.70
	6 Contributor address; City; State; Zip Code 2836 Eccleston Street, Celina TX 75009	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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 Reed M Bond		3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED LOANS		\$ 11,000.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>H 6</i>	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59

5 Date 01/13/2023	6 Payee name Geeky Beths Marketing		
7 Amount (\$) 550.00	8 Payee address; 6505 SW 150th St, Augusta, KS 67010 City: State: Zip Code		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Marketing		(b) Description Designed and modified website
	<small>(c) Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>01/17/2023</i>	Payee name Geeky Beths Marketing		
Amount (\$) 100.00	Payee address; 6505 SW 150th St, Augusta, KS 67010 City: State: Zip Code		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Marketing		Description Designed and modified website
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: <i>116</i>	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59

5 Date 02/03/2023	6 Payee name Geeky Beths Marketing		
7 Amount (\$) 150.00	8 Payee address; 6505 SW 150th St, Augusta, KS 67010	City;	State; Zip Code

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Marketing	(b) Description Designed and modified website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/15/2023	Payee name Geeky Beths Marketing		
Amount (\$) 145.00	Payee address; 6505 SW 150th St, Augusta, KS 67010	City;	State; Zip Code

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Marketing	Description Designed and modified website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: H 6		2 FILER NAME Reed M Bond		3 Filer ID (Ethics Commission Filers) 921569017	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 366.59	
5 Date 02/21/2023		6 Payee name Geeky Beths Marketing			
7 Amount (\$) 332.50		8 Payee address; City; State; Zip Code 6505 SW 150th St, Augusta, KS 67010			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Digital Marketing		(b) Description Designed and modified website	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/23/2023		Payee name Geeky Beths Marketing			
Amount (\$) 250.00		Payee address; City; State; Zip Code 6505 SW 150th St, Augusta, KS 67010			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Digital Marketing		Description Designed and modified website	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: <i>H 6</i>	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59
5 Date 01/26/2023	6 Payee name First Graphic Services	
7 Amount (\$) 2,350.00	8 Payee address; City; State; Zip Code 229 Garvon St., Garland, TX 75040	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Printing of campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 02/14/2023	Payee name First Graphic Services	
Amount (\$) 3,769.37	Payee address; City; State; Zip Code 229 Garvon St., Garland, TX 75040	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Avertising expense	Description Printing of campaign signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: <i>H 6</i>	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59
5 Date 03/27/2023	6 Payee name First Graphic Services	
7 Amount (\$) 667.91	8 Payee address; City; State; Zip Code 229 Garvon St., Garland, TX 75040	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Printing of campaign signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12/1</i> 02/14/2023	Payee name Print Runner	
Amount (\$) 195.14	Payee address; City; State; Zip Code 8000 Haskell Ave., Van Nuys, CA 91406	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Avertising expense	Description Printing of business cards
	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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 6	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 366.59
5 Date 02/21/2023	6 Payee name U-Hall	
7 Amount (\$) 241.04	8 Payee address; City; State; Zip Code 560 Kathryn Ln, Plano, TX 75025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description Distribution campaign materials
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
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4 Date 02/17/2023	5 Payee name Walmart
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6 Amount (\$) 20.44	7 Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
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Date 02/21/2023	Payee name Walmart
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Amount (\$) 172.41	Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
------------------------	--	---

Date 02/27/2023	Payee name Walmart
--------------------	-----------------------

Amount (\$) 113.38	Payee address; Mistaken creditcard charge	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
------------------------	--	---

Date 03/06/2023	Payee name Walmart
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Amount (\$) 15.44	Payee address; 12220 FM 423, Frisco, TX 75033	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 Date 02/27/2023	5 Payee name Walmart	
6 Amount (\$) 113.31	7 Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
Date 03/13/2023	Payee name Walmart	
Amount (\$) 134.13	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
Date 03/20/2023	Payee name Walmart	
Amount (\$) 121.59	Payee address; City State Zip Code Mistaken creditcard charge	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
Date 03/20/2023	Payee name Walmart	
Amount (\$) 40.45	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 3	2 FILER NAME Reed M Bond	3 Filer ID (Ethics Commission Filers) 921569017
4 Date 03/21/2023	5 Payee name Walmart	
6 Amount (\$) 1.86	7 Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	(b) Description (See instructions regarding type of information required.) Groceries
Date 03/27/2023	Payee name Walmart	
Amount (\$) 5.00	Payee address; City State Zip Code 12220 FM 423, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Mistaken creditcard charge	Description (See instructions regarding type of information required.) Groceries
Date 03/27/2023	Payee name Walmart	
Amount (\$) 161.43	Payee address; City State Zip Code Mistaken creditcard charge	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) 12220 FM 423, Frisco, TX 75033	Description (See instructions regarding type of information required.) Groceries
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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