

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	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua	MI
	NICKNAME	LAST Escalante	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	2915 Cross Hill Run		
	Round Rock, TX 78665		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OFFICE USE ONLY Date Received OCT 02 2024 RRISD LEGAL SERVICES </div>			
		Date Hand-delivered or Date Postmarked 10/02/2024	
		Receipt # 2:11 PM	Amount 02
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Shauna	MI D.
	NICKNAME	LAST Escalante	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2915 Cross Hill Run, Round Rock, Texas 78665		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		512-693-4668	
8 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)		
9 PERIOD COVERED	Month Day Year		Month Day Year
	08/14/2024		THROUGH 09/26/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11/05/2024		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
			School Board Trustee Place 1 District Round Rock

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

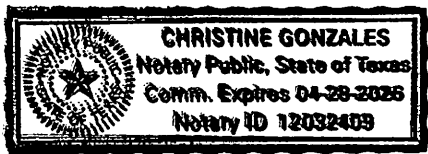
2 of 10

13 C / OH NAME Escalante, Joshua	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$	583.85
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	4,714.72
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,068.40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00

17 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joshua Escalante, this the 2 day of October, 2024, to certify which, witness my hand and seal of office.

[Handwritten Signature] Christine Gonzales Exec. Asst.
 Signature of officer administering Printed name of officer administering Title of officer administering oath

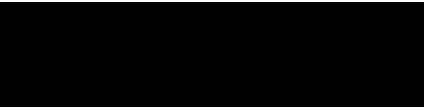




SUBTOTALS - C/OH

18 FILER NAME Escalante, Joshua	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 583.85
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 500.00
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,714.72
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$


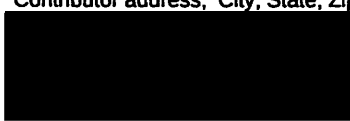

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
2 FILER NAME Escalante, Joshua		3 Filer ID
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Linda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) not provided
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampsten, Phil (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) not provided
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Talent/Actor		Employer (See Instructions) not provided
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Ellen (Ms.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) not provided
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, David (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME Escalante, Joshua		3 Filer ID
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trang, Kieu (Ms.) 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$52.40
8 Principal occupation / Job title (See Instructions) IT Professional		9 Employer (See Instructions) not provided
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Lyndon (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) QA Manager		Employer (See Instructions) not provided
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Leslie (Ms.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) not provided

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/10
2 FILER NAME Escalante, Joshua		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/22/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Escalante, Shauna (Mrs.)	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 2915 Cross Hill Run Round Rock, TX 78665	10 Interest Rate 0.00
		11 Maturity Date 12/31/2024
12 Principal occupation / Job title (See Instructions) Geospatial Scientist		13 Employer (See Instructions) Anchor QEA
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 7/10	2 FILER NAME Escalante, Joshua	3 Filer ID
4 Date 08/30/2024	5 Payee name American Fence Supply	
6 Amount (\$) \$466.86 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3501 I-35 Georgetown, TX 78628	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Stakes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Anedot	
Amount (\$) \$15.45 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name Lowe's	
Amount (\$) \$23.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 Ed Schmidt Blvd Hutto, TX 78634	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 8/10	2 FILER NAME Escalante, Joshua	3 Filer ID
4 Date 09/21/2024	5 Payee name Lowe's	
6 Amount (\$) \$44.34 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 Ed Schmidt Blvd Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name NameCheap	
Amount (\$) \$41.74 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4600 East Washington Street Suite 300 Phoenix, AZ 85034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name PostNet	
Amount (\$) \$80.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1801 Red Bud Lane Ste B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 9/10	2 FILER NAME Escalante, Joshua	3 Filer ID
4 Date 08/23/2024	5 Payee name SuperCheap Signs	
6 Amount (\$) \$3,294.78 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd. Suite 100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name VistaPrint	
Amount (\$) \$266.94 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name VistaPrint	
Amount (\$) \$141.83 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/4 Rpt: 10/10	2 FILER NAME Escalante, Joshua	3 Filer ID
4 Date 08/19/2024	5 Payee name Wix	
6 Amount (\$) \$339.03 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 500 Terry A. Francois Blvd 6th Floor San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held