

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Jesse MI: J <hr/> NICKNAME: LAST: Cannon SUFFIX: II	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1109 Maverick Dr. Mansfield, Tx 76063	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 422-9045	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Olayinka MI: <hr/> NICKNAME: LAST: SUFFIX: Ojo	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1204 Foxtail Dr. Mansfield Tx 76063	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 293-6947	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input 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 2 / 5 / 2025 THROUGH 4 / 23 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mansfield ISD School Board Trustee, Place 5	
14 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. 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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

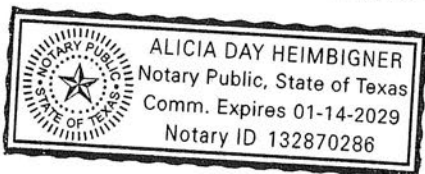
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jesse Cannon II		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,369.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,872.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 496.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Jesse Cannon II
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jesse Cannon II this the 25 day of April, 2025, to certify which, witness my hand and seal of office.

Alicia Heimbigner Signature of officer administering oath
Alicia Heimbigner Printed name of officer administering oath
Coordinator of School Board Services 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 Jesse Cannon II		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,369.44
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		\$ 1,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$4,872.71
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chekelah Phelps	7 Amount of contribution (\$) 208.65
6 Contributor address; City; State; Zip Code [REDACTED] Mansfield Tx 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Hall	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Converse, TX 78109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Brantley	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Hogg	Amount of contribution (\$) 105.00
Contributor address; City; State; Zip Code [REDACTED] Cedar Hill, TX 75104		
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethan Sauers <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Kunda <hr/> Contributor address; City; State; Zip Code [REDACTED] Venus, TX 76084	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Mitchell <hr/> Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	Amount of contribution (\$) 31.56
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Daniels <hr/> Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063	Amount of contribution (\$) 52.40
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendria Taylor	7 Amount of contribution (\$) 15.94
6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76002		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebony Turner	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Simmons	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scherron Richard	Amount of contribution (\$) 21.50
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Jiminez	7 Amount of contribution (\$) 21.15
6 Contributor address; City; State; Zip Code [REDACTED] Hempstead, TX 77445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alisa Simmons	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristi Morris	Amount of contribution (\$) 26.35
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Rike	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Evans, Sr.	7 Amount of contribution (\$) 104.48
6 Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lena Captain	Amount of contribution (\$) 156.56
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Roundtree	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera & Ronnie Phillips	Amount of contribution (\$) 208.65
Contributor address; City; State; Zip Code [REDACTED] TX 76063		
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Brown	7 Amount of contribution (\$) 78.44
6 Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Lee	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code [REDACTED] Kennedale, TX 76060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anastasia Clark	Amount of contribution (\$) 208.65
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisha Owner	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corliss Bunkley	7 Amount of contribution (\$) 156.56
6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia Scott	Amount of contribution (\$) 104.48
Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Doucet	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Phillips	Amount of contribution (\$) 52.40
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben Mason	7 Amount of contribution (\$) 52.40
6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75054		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzanne McDole	Amount of contribution (\$) 21.15
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelley Williams	Amount of contribution (\$) 41.98
Contributor address; City; State; Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Goldsmith	Amount of contribution (\$) 15.00
Contributor address; City; State; Zip Code [REDACTED] Jamaica Plain, MA 02130		
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: 9
2 FILER NAME Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson Sharpless	7 Amount of contribution (\$) 10.73
6 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75243		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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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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 Jesse Cannon II		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 1/18/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Cannon II	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1109 Maverick Dr. Mansfield, Tx 76063	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jesse Cannon II	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/25	5 Payee name USPS	
6 Amount (\$) 111.00	7 Payee address; City; State; Zip Code 752 N MAIN ST. MANSFIELD TX 76063-3203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description PO Box - Mail
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/1/25	Payee name J. Patrick Group	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code 5900 Balcones Drive STE 100 Austin, TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing, Media, 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 Office held
Date 2/27/25	Payee name TaylorMade	
Amount (\$) 2,011.84	Payee address; City; State; Zip Code PO Box 563 Mansfield, TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers, Yard Signs, Field 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jesse Cannon II	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/25	5 Payee name Jumbo Property Management, LLC	
6 Amount (\$) 392.00	7 Payee address; 9700 Apex	City; State; Zip Code Fort Worth Texas 76108
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/28/25	Payee name Anedot	
Amount (\$) 233.44	Payee address; 1340 Poydras Suite #1770, New Orleans, LA 70112	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Electronic Contribution Fees
	<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

Date 4/20/25	Payee name Wal Mart	
Amount (\$) 16.19	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jesse Cannon II	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/25	5 Payee name Academy Sports	
6 Amount (\$) 108.24	7 Payee address; 9700 Apex	City; State; Zip Code Fort Worth Texas 76108
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <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
	<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

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Jesse Cannon II

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name Jesse Cannon II	Filer ID #
--------------------------------------	------------

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Mansfield ISD report due on April 25, 2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

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 _____, 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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER