

# 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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Edward John		
	NICKNAME	LAST	SUFFIX
	John Troy III		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	P.O.Box 163331		
	Austin, TX 78716		
Date Received  25 APR 8 PM 1:22			
Date Hand-delivered or Date Postmarked			
		Receipt #	Amount
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ashley		
	NICKNAME	LAST	SUFFIX
	Troy		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	1009 Castile Austin, Texas 78733		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
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
	01/15/2025		THROUGH
		Month	Day
		03/24/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05/03/2025	<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) Eanes ISD School Board, Place 7

**GO TO PAGE 2**

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

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

2 of 7

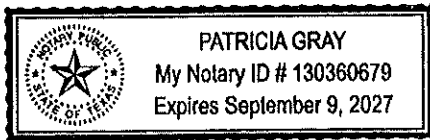
<b>13 C / OH NAME</b> Troy, John	<b>14 Filer ID</b>
----------------------------------	--------------------

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	4,035.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	52.27
	4. TOTAL POLITICAL EXPENDITURES	\$	514.54
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,520.46
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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.



\_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Troy, this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Troy, John	<b>19 Filer ID</b>
------------------------------------	--------------------

<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,035.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 514.54
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
<b>2</b> FILER NAME Troy, John		<b>3</b> Filer ID
<b>4</b> Date 01/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aghamalian, Jenny	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code 8216 Talbot Lane  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applewhite, Rebecca Ashley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3571 Far West Blvd Suite 3662 Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2412 De Soto Dr  Austin, TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillhouse, George	Amount of Contribution (\$) \$515.00
Contributor address; City; State; Zip Code PO Box 162786  Austin, TX 78716		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, James	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 307 E. 2nd Street  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME Troy, John		3 Filer ID
4 Date 01/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Meredith	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 3101 Toro Canyon Rd  Austin, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowder, Lana	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code 7920 Brightman Ln  Austin, TX 78733	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Eiman	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 5004 Delores Ave  Austin, TX 78721	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpler, Jeffrey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1408 Patterson Rd  Austin, TX 78733	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Socratic Ventures, LLC	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code 111 Congress Ste 500 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
<b>2</b> FILER NAME Troy, John		<b>3</b> Filer ID
<b>4</b> Date 03/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Maritza	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code 1709 Ben Crenshaw Way  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/7		<b>2</b> FILER NAME Troy, John		<b>3</b> Filer ID	
<b>4</b> Date 01/15/2025		<b>5</b> Payee name Paypal			
<b>6</b> Amount (\$) \$107.41		<b>7</b> Payee address; City; State; Zip Code 2211 North First St  San Jose, CA 95131			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees for Online Campaign Contributions: Jan 15 - Mar 24	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/17/2025		Payee name Vista Print			
Amount (\$) \$166.51		Payee address; City; State; Zip Code 95 Hayden Ave  Lexington, MA 02421			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Campaign Materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 03/24/2025		Payee name Wix			
Amount (\$) \$188.35		Payee address; City; State; Zip Code 100 Gansevoort Street  New York, NY 10014			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	