FORM C/OH **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 45 CANDIDATE / MS/MRS/MR **FIRST** МІ OFFICE USE ONLY **OFFICEHOLDER** Jimmy R NAME Date Received **NICKNAME** LAST **SUFFIX** Ross CANDIDATE / Date Hand-delivered or Date Posting rked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 1975 Ballpark Way MAILING Receipt # **ADDRESS** #201605 S CIT Change of Address Arlington, TX 76006 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST Μſ TREASURER Georgie NAME NICKNAME **SUFFIX** LAST Zang CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE TREASURER 1000 Ballpark Way **ADDRESS** Suite #300 (Residence or Business) Arlington, TX 76011 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER 817-228-8550 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded modified Final Report (Attach C/OH-FR) July 15 8th day before election reporting limit PERIOD Month Day Year Month Day Year COVERED THROUGH 01/01/2021 03/22/2021 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/01/2021 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Mayor, City of Arlington, TX **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

CANDIDATE / OFFICEHOLDER REPORT:

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

| SUPPORT | & IOTALS | | | 2 of 45 |
|--|---|--|----------------------------|-----------------------|
| 13 C / OH NAME | Ross, Jimmy R | | 14 Filer ID | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information | the candidate's or officeh | older's knowledge or |
| Additional Pages | COMMITTEE TYPE GENERAL | COMMITTEE NAME | | |
| | SPECIFIC | | | |
| | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | is | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | \$ 111,999.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IZED POLITICAL EXPENDITURES | | \$ 0.00 |
| ш | 4. TOTAL POLITIC | CAL EXPENDITURES | \$ 181,837.54 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 12,988.21 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 77,785.00 |
| Sworn to and subsort | PAIGE L. PAYNE lotary Public, State of Te Comm. Expires 05-18-20 Notary ID 12420591 cribed before me, by the s, 20, to concern administelling | Signature of | Candidate or Officeholds | be reported by me |
| Forms provided by To | vas Ethice Commission | www.athice ctate ty us | | Version V1.1 eah5f9/i |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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| | | | | | 3 01 45 |
|-----|----------------|------|---|-------------|------------------|
| | FILER Ross, | | | 19 Filer ID | |
| 20 | SCHE | DULE | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| | 1. [| Χ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | _ | \$ 111,999.00 |
| i | 2. [| | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| : | з. [| | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| | 4. [| X | SCHEDULE E: LOANS | - | \$ 70,100.00 |
| . ! | 5. [| Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 6 | \$ 181,737.54 |
| 4 | 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| - | 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 1 | В, | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| ģ | 9. [| Х | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 100.00 |
| ţ | 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| Ŀ | 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| ı | 12. | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ 0.13 |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/23 Rpt: 4/45 3 Filer 1D 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 02/22/2021 Alcantar, Brandi \$25.00 6 Contributor address; City; State; Zip Code 3505 Blue Forest Drive Arlington, TX 76001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/27/2021 \$100.00 Alvarado, Gregory Contributor address; City; State; Zip Code 4705 Feltleaf Ave Crowley, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Arlington Gold Silver Diamond Exchange \$500.00 02/26/2021 Contributor address; City; State; Zip Code 2424 W Pioneer Pkwy Arlington, TX 76013 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/26/2021 \$200.00 Austin, Angela Contributor address; City; State; Zip Code 8017 N. Water Tower Rd. Saginaw, TX 76179 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; \$500.00 03/08/2021 Avery, Allen & Brenda Contributor address; City; State; Zip Code 1718 Los Prados Trail Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/23 Rpt: 5/45 2 FILER NAME 3 Filer ID Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 03/05/2021 \$500.00 Barrere, Robyn 6 Contributor address; City; State; Zip Code 5415 Runnymede ct Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/04/2021 \$100.00 Bartley, Catherine & Kurt Contributor address; City; State; Zip Code 4303 Cascade Sky Drive Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Gift Planning UTA Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$25.00 03/03/2021 Bell, William Contributor address; City; State; Zip Code 1813 Carla Avenue Arlington, TX 76014 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date 03/11/2021 Brackeen, Robert & Tina \$100.00 Contributor address; City; State; Zip Code 6015 Abbermare drive Arlington, TX 76001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$5,000.00 01/08/2021 Carroll, Christopher & Rebecca Contributor address; City; State; Zip Code 4518 Ridgecrest Drive Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/23 Rpt: 6/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$5,000.00 01/11/2021 Carroll, James 6 Contributor address; City; State; Zip Code 5531 Mercedes Ave Dallas, TX 75206 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#; \$1,000.00 02/12/2021 Cary, Paul Contributor address; City; State; Zip Code 2111 Twelve Oaks Court Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$250.00 03/16/2021 Cavender, Stephen & Ann Contributor address; City; State; Zip Code 2106 Carmel Court Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$25.00 02/27/2021 Chinchilla, Rose Mary Contributor address; City; State; Zip Code 6203 Brenhaven Road Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$50.00 02/02/2021 Christian, Lawrence Contributor address; City; State; Zip Code 2301 Lakeside Drive Arlington, TX 76013 Employer (See Instructions) Principal occupation / Job title (See Instructions) Version V1.1.eeb5f84f

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/23 Rpt: 7/45 3 Filer ID 2 FILER NAME Ross, Jimmy R Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 03/13/2021 Clark, Al 6 Contributor address; City; State; Zip Code 2452 Interstate 20 West Arlington, TX 76017 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) Date \$150.00 02/28/2021 Cope, Travis Contributor address; City; State; Zip Code 3818 Plum Vista Place Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 03/22/2021 Cordish, David \$2,500.00 Contributor address; City; State; Zip Code 601 E Pratt Street, 6th Floor Baltimore, MD 21202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$50.00 02/27/2021 Cotter, Brian Contributor address; City; State; Zip Code 2004 Hill Coutnry Ct. Arlington, TX 76012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$25.00 02/12/2021 Couch, Kent Contributor address; City; State; Zip Code 4515 Lake Park Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/23 Rpt: 8/45 2 FILER NAME 3 Filer ID Ross, Jimmy R 7 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/02/2021 \$500.00 Cravens, Carl 6 Contributor address; City; State; Zip Code 1201 Canterbury Ct Arlington, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/28/2021 \$1,000.00 Cravens, Tom Contributor address; City; State; Zip Code 501 South Fielder Road Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/27/2021 Curnutt & Hafer LLP \$1,000.00 Contributor address; City; State; Zip Code 301 West Abram Street Arlington, TX 76010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 02/02/2021 Davis, Fred & Linda Contributor address; City; State; Zip Code PO Box 13663 Arlington, TX 76094 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$4,000.00 03/02/2021 Dezham, Mahdi Contributor address; City; State; Zip Code 6326 Lakehurst Ave Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/23 Rpt: 9/45 2 FILER NAME 3 Filer ID Ross, Jimmy R Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$50.00 03/08/2021 Dougherty, Maria & James 6 Contributor address; City; State; Zip Code 815 Blossomwood Drive Arlington, TX 76017 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 02/26/2021 Duke, Don A. Contributor address; City; State; Zip Code PO Box 13464 Arlington, TX 76094 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$200.00 02/04/2021 Duncan, Michael Contributor address; City; State; Zip Code 5 Rogers Ct. Pantego, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$25.00 03/07/2021 Enloe, Zita Contributor address; City; State; Zip Code 3900 Plum Vista Pl Arlington, TX 76005-4508 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/21/2021 \$50.00 Fields, Randal Contributor address; City; State; Zip Code 416 Rivervalley Ct. Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/23 Rpt: 10/45 2 FILER NAME 3 Filer ID Ross, Jimmy R out-of-state PAC (ID#: 7 Amount of Contribution (\$) Date 5 Full name of contributor 03/12/2021 \$100.00 Fontanelli, Madeline & Anthony 6 Contributor address; City; State; Zip Code 1017 Briarcreek Drive Arlington, TX 76012-1822 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/04/2021 \$50.00 Garcia, Damian & Yolanda Contributor address; City; State; Zip Code PO Box 2765 Waxahachie, TX 75168 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) \$1,000.00 03/05/2021 Garrett, Coy Contributor address; City; State; Zip Code 1600 West Abram Street Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2021 \$100.00 Gillespie, Stephanie Contributor address; City; State; Zip Code 1204 Lyndale Drive Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$100.00 03/19/2021 Gleaton, Curtis & Sylvia Contributor address; City; State; Zip Code 3592 Plum Vista Pl. Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/23 Rpt: 11/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 03/01/2021 Grinkle Enterprises LLC DBA Blanco IT Consulting 6 Contributor address; City; State; Zip Code 4101 W Green Oaks Ste 305472 Arlington, TX 76016 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$500.00 02/26/2021 Haddad, Mojy Contributor address; City; State; Zip Code 2233 Avenue J, Ste 101 Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$10,000.00 03/22/2021 Haddad, Mojy Contributor address; City; State; Zip Code 2233 Avenue J, Ste 101 Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 02/12/2021 Hale, G. Allen Contributor address; City; State; Zip Code 6006 Royaloak Dr. Arlington, TX 76016 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$100.00 03/11/2021 Hanson, Tina Contributor address; City; State; Zip Code 7415 Ledbetter Road Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/23 Rpt: 12/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 5 Full name of contributor 4 Date out-of-state PAC (ID#: \$50.00 03/01/2021 Hase, Donald & Romelle 6 Contributor address; City; State; Zip Code 2110 Hill Country Drive Arlington, TX 76012 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$50,00 02/12/2021 Hazle, Timi Contributor address; City; State; Zip Code 4717 Hillside Dr Arlington, TX 76013-4107 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date 03/10/2021 \$5,000.00 Hillco PAC, Contributor address; City; State; Zip Code 823 Congress Avenue, Ste #900 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$500.00 03/12/2021 Hines, Matthew Contributor address; City; State; Zip Code 401 Crowley Arlington, TX 76012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$500.00 02/27/2021 Holman, Dixon Contributor address; City; State; Zip Code 7304 Bay Chase Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE | A1 |
|----------------------|---|-----------------|--|-------------|
| The Instru | ction Guide explains how to complete this form. | | al pages Schedule A1: h: 10/23 Rpt: 13/45 | |
| 2 FILER NAME | _ | 3 File | er ID | |
| Ross, Jimmy | | | | |
| 4 Date 03/06/2021 | Full name of contributor | | ount of Contribution (\$) | \$50.00 |
| | 6 Contributor address; City; State; Zip Code 3409 Viscount Drive | | | |
| | Arlington, TX 76016 | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (Se | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) Am | ount of Contribution (\$) | |
| 02/18/2021 | Jamieson, Lisa | | (4) | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 6301 Millwood Ct. | | | |
| | | | | |
| | Arlington, TX 76016 | | | |
| Principal occu | pation / Job title (See Instructions) Employer (Se | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) Am | ount of Contribution (\$) | |
| 03/01/2021 | 03/01/2021 Jeffrey, James | | | \$100.00 |
| | Contributor address; City; State; Zip Code 3404 Hidden Pines Ct | | | |
| | Arlington, TX 76016 | | | |
| Principal occu | pation / Job title (See Instructions) Employer (Se | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) Am | ount of Contribution (\$) | |
| 03/04/2021 | Johnson, James | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 3618 Plum Vista Place | | | |
| | Arlington, TX 76005 | | | |
| Principal occu | pation / Job title (See Instructions) Employer (Se | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) Am | ount of Contribution (\$) | |
| 03/22/2021 | Johnson, John T III & Donna | | | \$200.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 1801 Rhinevalley Drive | | | |
| | Arlington, TX 76012 | | | |
| Principal occu | pation / Job title (See Instructions) Employer (Se | e Instructions) | | |
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| orms provided | by Texas Ethics Commission www.ethics.state.tx.us | | Version V1.3 | 1.eeh5f84 |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/23 Rpt: 14/45 2 FILER NAME 3 Filer ID Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 03/16/2021 Kembel, Robert 6 Contributor address; City; State; Zip Code 1301 Blue Lake Blvd Arlington, TX 76005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 02/26/2021 Kevil, Jean & Phil Contributor address; City; State; Zip Code 2003 Windswept Ct Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/02/2021 \$100.00 Key, Parker Contributor address; City; State; Zip Code 8333 Van Pelt Dr Dallas, TX 75228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 01/25/2021 Kim, Erin Contributor address; City; State; Zip Code 2625 West Pioneer Pkwy #813 Grand Prairie, TX 75051 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$3.000.00 01/29/2021 Long, Kathleen Contributor address; City; State; Zip Code 1903 Peyco Drive N Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| Ross, Jimmy R 1 Date | MONET | ARY POLITICAL CONTRIBUTIO | NS | S | CHEDULE | A1 |
|--|----------------|--|-------------------------------|-------------------|--------------|------------|
| Ross, Jimmy R | The Instru | ction Guide explains how to complete this fo | orm. | | | |
| Date S Full name of contributor Qui-of-state PAC (IDIE) 7 Amount of Contribution (\$) \$2,500. | | | | 3 Filer ID | | |
| S2,500.03 S2,5 | | | | 7 Amount of Conts | ibution (\$\ | |
| 6 Contribution address; City; State; Zip Code 1250 E. Copeland Road Suite 740 Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (8) \$25.1 \$25.1 Amount of Contribution (8) \$25.1 \$25.1 Amount of Contribution (8) \$25.1 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (8) \$149.1 \$149.1 Amount of Contribution (8) \$149.1 Amount of Contribution (9) \$1,000.0 Employer (See Instructions) | | Louanlavong, Thavi | | 7 Amount of Conti | | \$2,500.00 |
| Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$25.1 | | 1250 E. Copeland Road Suite 740 | | | | |
| Contributor address; City; State; Zip Code 3708 Astoria Drive Arlington, TX 76013 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| Date 03/10/2021 Lundy, Joe & Ella Contributor address; City; State; Zip Code 3708 Astoria Drive Arlington, TX 76013 Principal occupation / Job title (See Instructions) Date 02/24/2021 Maidlow, Maureen & Brad Contributor address; City; State; Zip Code 3512 Lake Tahoe Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$149.6 \$149.6 Contributor address; City; State; Zip Code 3512 Lake Tahoe Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Lundy, Joe & Elia Contributor address; City; State; Zip Code 3708 Astoria Drive | | Amount of Contr | ibution (\$) | \$25.00 |
| Sale Substitution Substitution | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$149.0 2/24/2021 | | 03/10/2021 Lundy, Joe & Ella Contributor address; City; State; Zip Code | | | ibution (\$) | \$100,00 |
| O2/24/2021 Maidlow, Maureen & Brad \$149.0 Contributor address; City; State; Zip Code 3512 Lake Tahoe Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Martindale, Steven G. \$1,000.0 Contributor address; City; State; Zip Code 6605 Calendar Rd Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) | Principal occu | | Employer (See Instructions) |) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: | | Maidlow, Maureen & Brad Contributor address; City; State; Zip Code 3512 Lake Tahoe Drive | | Amount of Contr | ibution (\$) | \$149.00 |
| 03/10/2021 Martindale, Steven G. \$1,000.0 Contributor address; City; State; Zip Code 6605 Calendar Rd Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) | Principal occu | | Employer (See Instructions) |) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Martindale, Steven G. Contributor address; City; State; Zip Code | | Amount of Contr | , , | \$1,000.00 |
| | Principal occu | | Employer (See Instructions) |) | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/23 Rpt: 16/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#; \$100.00 03/21/2021 Martinez, Linda G. 6 Contributor address; City; State; Zip Code 7609 Ledbetter Rd Arlington, TX 76001 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/11/2021 \$500.00 Martinez, Raul G. Contributor address; City; State; Zip Code 2011 Thames Drive Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$500.00 03/16/2021 Mathews, Grant Contributor address; City; State; Zip Code 2826 Forestwood Drive Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 02/28/2021 McClelland, David Contributor address; City; State; Zip Code PO Box 151897 Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$2,500.00 02/03/2021 McCurdy, Jeff Contributor address; City; State; Zip Code 2910 Collard Rd Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDU | LE A1 |
|---|---------------------------|--|--------------------------|---|-------------|
| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 14/23 Rpt: 17/45 | |
| 2 | FILER NAME Ross, Jimmy | ·R | 3 | Filer ID | |
| 4 | Date 02/25/2021 | 5 Full name of contributor out-of-state PAC (ID#: McMahan, Thomas 6 Contributor address; City; State; Zip Code 1508 Millbrook Drive | | Amount of Contribution (\$) | \$100.00 |
| | | Arlington, TX 76012 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) 9 Emp | loyer (See Instructions) | | |
| | Date 02/04/2021 | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$200.00 |
| Г | Principal occu | pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | Date 02/26/2021 | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$50.00 |
| L | | Arlington, TX 76017 | | | |
| | Principal occu | pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | Date 02/11/2021 | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) Emp | loyer (See Instructions) | | |
| | Date 03/10/2021 | Full name of contributor out-of-state PAC (ID#: Moritz Interests Ltd Contributor address; City; State; Zip Code 2111 N. Collins, Suite 323 Arlington, TX 76011 | | Amount of Contribution (\$) | \$10,000.00 |
| | Principal occu | pation / Job title (See Instructions) Emp | loyer (See Instructions) | _ | |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/23 Rpt: 18/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$5,000.00 01/25/2021 Moritz, John D. Contributor address; City; State; Zip Code P.O. Box 490 Arlington, TX 76004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#; \$1,000.00 03/05/2021 Munford, Terry Contributor address; City; State; Zip Code 5759 Blueridge Drive Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: Date \$500,00 03/16/2021 Mwisongo, Jollyn Contributor address; City; State; Zip Code 2432 River Rock Circle Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$250.00 01/06/2021 Nicholson, Julie Contributor address; City; State; Zip Code 6405 Shorewood Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/22/2021 Nunez, Ignacio \$100.00 Contributor address; City; State; Zip Code 1800 Raydon Drive Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/23 Rpt: 19/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 02/10/2021 Nussbaum, Mike & Becky 6 Contributor address; City; State; Zip Code 2301 N Fielder Rd Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 02/24/2021 O'Neill, Paula Contributor address; City; State; Zip Code 2303 Strait Lane Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of Contribution (\$) Full name of contributor Date 02/26/2021 \$50,00 Palla, Deanna Contributor address; City; State; Zip Code 2204 Coolidge Dr, Arlington, TX 76011 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 02/08/2021 Parker, David & Mattie Contributor address; City; State; Zip Code 6212 Curzon Ave Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$200.00 02/01/2021 Petroskey, Ann & Dale Contributor address; City; State; Zip Code 5445 Caruth Haven Lane Apt 826 Dallas, TX 75225-8153 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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Version V1.1.eeb5f84f

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/23 Rpt: 20/45 2 FILER NAME 3 Filer ID Ross, Jimmy R Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$5,000.00 02/26/2021 Petsche, Alan & Bonnie 6 Contributor address; City; State; Zip Code 3850 Bellaire Cricle Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 01/30/2021 Pham, Long Contributor address; City; State; Zip Code P.O. Box 182436 Arlington, TX 76096-2436 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date \$200.00 02/12/2021 Poynter, William & Peggy Contributor address; City; State; Zip Code 2307 Castle Rock Rd. Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$50,00 02/26/2021 Qualman, Allen Contributor address; City; State; Zip Code 514 Country Wood Ct Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 03/04/2021 Queenan, Dana Contributor address; City; State; Zip Code 731 Station Drive Arlington, TX 76015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V1.1.eeb5f84f Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/23 Rpt: 21/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 03/01/2021 \$250.00 Quick, James Contributor address; City; State; Zip Code 5912 Moss Drive Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date \$200.00 02/23/2021 **RWM Investments** Contributor address; City; State; Zip Code 4113 Shady Valley Drive Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/02/2021 Reber, Ron \$25,00 Contributor address; City; State; Zip Code 901 Kristin Lane Arlington, TX 76012 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) ut-of-state PAC (ID#: Full name of contributor Date 01/28/2021 \$50.00 Reinhardt, Sandra Contributor address; City; State; Zip Code 3600 Ivywild Ct. Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 03/09/2021 \$100,00 Ross, Hugh Contributor address; City; State; Zip Code 1008 Whispering Oak Ct. Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/23 Rpt: 22/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$5,000.00 01/23/2021 Rumley, John & Jan 6 Contributor address; City; State; Zip Code 4712 Hillside Drive Arlington, TX 76013 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#; Date \$10,000.00 01/12/2021 Sargent Investments, LLC Contributor address; City; State; Zip Code 3101 Shadow Drive West Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$50.00 02/04/2021 Scotter, Alan Van J. Contributor address; City; State; Zip Code 5304 Antony Court Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 Serman, Brigham & Dawn 02/04/2021 Contributor address; City; State; Zip Code 1716 Autumn Lane Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$100.00 03/21/2021 Smith, Ronald F. Contributor address; City; State; Zip Code 426 Washington Drive Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/23 Rpt: 23/45 3 Filer ID 2 FILER NAME Ross, Jimmy R Date 5 Full name of contributor 7 Amount of Contribution (\$) ut-of-state PAC (ID#: 03/05/2021 \$100.00 Smith, Ronnie & Jean 6 Contributor address; City; State; Zip Code 2619 Jessup Trail Arlington, TX 76006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#: 02/12/2021 Stoglin, Chaplain Rich & Reecia \$100.00 Contributor address; City; State; Zip Code PO Box 171687 Arlington, TX 76003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/03/2021 Street, Jordon \$1,000.00 Contributor address; City; State; Zip Code 1016 Estates Drive Kennedale, TX 76060 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/10/2021 TREPAC/Texas Association of Realtors \$5,000.00 Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 02/26/2021 \$1,000.00 The Stan Agee Company Contributor address; City; State; Zip Code 501 E. Main Streeet Arlington, TX 76010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.eeb5f84f

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/23 Rpt: 24/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/12/2021 \$50.00 Trammell, Gary 6 Contributor address; City; State; Zip Code 905 Briarcliff Ct. Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$300.00 01/28/2021 Turnbow, Trevor Contributor address; City; State; Zip Code 3212 Tranquility Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/08/2021 Urgentology Care LLC \$1,000.00 Contributor address; City; State; Zip Code 4130 N. Collins Street Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 02/04/2021 Venable, William & Kathleen \$100.00 Contributor address; City; State; Zip Code 751 N. Main #3110 Mansfield, TX 76063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/12/2021 \$250.00 Vennum, Jerry S. & Susan Contributor address; City; State; Zip Code 3406 Hidden Pines Ct. Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/23 Rpt: 25/45 2 FILER NAME 3 Filer ID Ross, Jimmy R 5 Full name of contributor 7 Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: \$50.00 02/28/2021 Wagner, Robert 6 Contributor address; City; State; Zip Code 2619 Autumn Trl, Apt 921 Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 03/15/2021 Warren, Steve Contributor address; City; State; Zip Code 2002 Longbranch Court Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$50.00 02/26/2021 Weant, Kenneth Contributor address; City; State; Zip Code 3420 Viscount Drive Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/28/2021 \$25,00 Webb, Rainey Contributor address; City; State; Zip Code 2130 Bay Cove Court Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$500,00 02/26/2021 Wilemon, Kathryn Contributor address; City; State; Zip Code 1318 Viridian Park Ln Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUI | E A1 |
|---|--------------------|---|------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 23/23 Rpt: 26/45 | |
| 2 | FILER NAME | | | 3 | Filer ID | |
| | Ross, Jimmy | / R | | | | |
| 4 | Date 02/05/2021 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Arlington, TX 76001 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 01/13/2021 | Full name of contributor out-of-state PAC (ID#:_Zang, Georgie Contributor address; City; State; Zip Code 1000 Ballpark Way Ste 300 Arlington, TX 76010 | | | Amount of Contribution (\$) | \$500.00 |
| H | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | T THIOIPER DOGG | parent, you are too meradione, | | , | | |
| | Date 02/23/2021 | Full name of contributor out-of-state PAC (ID#:_Zimmer, Stephen R. Contributor address; City; State; Zip Code 407 E Beady Rd. Arlington, TX 76006 |) | | Amount of Contribution (\$) | \$1,000.00 |
| r | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | | | |

| LOANS | | SCHEDULE E | | |
|---|--|--|--|--|
| The Instruction Guide explains how to complete this form | n | tal pages Schedule E: h: 1/1 Rpt: 27/45 | | |
| 2 FILER NAME Ross, Jimmy R | 3 Filer ID | | | |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ | | |
| 5 Date of loan 7 Name of lender out-of-state PAC (II 03/20/2021 Jimmy R., Ross | D#:) | 9 Loan Amount (\$) \$70,000.00 | | |
| 6 Is lender a financial institution? No 8 Lender address; City; State; 1975 Ballpark Way #201605 Arlington, TX 76006 | Zip Code | 10 Interest Rate 11 Maturity Date | | |
| | Employer (See Instructions) | | | |
| 14 Description of Collateral 15 | Check if personal funds were deposited | l into political account (See Instructions) | | |
| 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; | Zip Code | 19 Amount Guaranteed (\$) | | |
| 20 Principal occupation 21 | Employer (See Instructions) | | | |
| Date of loan Name of lender out-of-state PAC (II 01/13/2021 Jimmy R., Ross | D#:) | Loan Amount (\$) \$100.00 | | |
| Is lender a Lender address; City; State; financial 1975 Ballpark Way #201605 | Zip Code | Interest Rate | | |
| No Arlington, TX 76006 | | Maturity Date | | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | | | |
| Description of Collateral X None | Check if personal funds were deposited | into political account (See Instructions) | | |
| GUARANTOR Name of guarantor INFORMATION | | Amount Guaranteed (\$) | | |
| X not applicable Guarantor address; City; State; | Zip Code | | | |
| Principal occupation | Employer (See Instructions) | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment | | mmittee | Gift/Awa Legal Se | ards/Memorials Ex ervices struction Guid | | | xpens Vages | s/Contract Labor | | Travel Out of District OTHER (enter a category not listed above) | |
|---|--|--------------------|---------------|----------------------|--|----------------|------------|----------------|------------------|-------|---|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | E | | | | | | 3 | Filer ID | |
| L | Sch: 1/15 Rpt: 28/45 | | Ross, Jimn | ıy R | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/15/2021 | | Amazon | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; | City; | State | ; Zip Co | de | | Ī | | |
| l | \$64.78 | | 410 Terry A | \ve | | | | | | | | |
| l | | ĺ | | | | | | | | | | |
| | | | North Seat | tle, WA | 98109-521 | 0 | | | | | | |
| 8 | PURPOSE | (a) | Category (S | iee Categ | ories listed at the t | op of this sci | hedule) | (b) | Description | | - | |
| l | OF EXPENDITURE | | Event Expe | | | | | | _ | | ide of Texas, Complete Schedule T. | |
| l | | | | | | | | | | | , officeholder living expense | |
| | | | | | | | | | Outdoor Strii | ıg L | Light for Event | |
| L | | L | | | | | | | | | | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Off | icehold | er name | 1 | Office sou | ght | | | Office held | |
| L | expenditure to benefit ex- | | <u>-</u> | | | | | | | | | |
| Γ | Date | Γ | Payee name | | | | | | | | | |
| ı | 03/22/2021 | | Anedot | | | | | | | | | |
| | Amount (\$) | Г | Payee addre | ess; | City; | State | e; Zip Co | de | | | | |
| ı | \$539.96 | | 1921 McKir | ney A | venue | | | | | | | |
| ı | | | 7th Floor | | | | | | | | | |
| ı | | | Dallas, TX | 75202 | | | | | | | | |
| Н | PURPOSE | (a | | | | | (| (b) | Description | | | _ |
| ı | OF | l`~ | Fees | ee Categ | ories listed at the t | op ei mis sci | nedule) | (-, | | outsi | ide of Texas, Complete Schedule T. | |
| | EXPENDITURE | | | | | | | | Check if Austin | ı, TX | , officeholder living expense | |
| | | | | | | | | | Credit Card F | -ee | es | |
| | | ļ | | | | | | | | | | |
| Г | Complete ONLY if direct | | Candidate/Off | icehold | er name | 1 | Office sou | ght | - | | Office held | |
| L | expenditure to benefit C/OI | п —— | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/19/2021 | | Awesome (| Caterin | ng DFW, LLC | | | | | | | |
| Г | Amount (\$) | | Payee addre | ss; | City; | State | e; Zip Co | de | - | | | |
| ı | \$1,761.75 | | 2205 W Div | ision S | St | | | | | | | |
| ı | | | Suite A5 | | | | | | | | | |
| ı | | | Arlington, T | X 760 | 12 | | | | | | | |
| H | PURPOSE | (a) | | | ories listed at the t | on of this c- | haduda) | (b) | Description | | | _ |
| ı | OF | | Event Expe | | ones nsied at the i | up or tris sci | neucie/ | , , | | outsi | side of Texas. Complete Schedule T. | |
| ı | EXPENDITURE | | | | | | | | | | , officeholder living expense | |
| | | | | | | | | | Catering for (| Car | mpaign Event | |
| L | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Off | icehold | er name | | Office sou | ght | | | Office held | |
| | expenditure to benefit C/OI | П | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | _ |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | mittee | Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|--|-------|---------------|---|----------------|------------|-----|---------------|---|---|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer 1D | |
| | Sch: 2/15 Rpt: 29/45 | 1 | Ross, Jimm | y R | | | | | | | |
| 4 | Date | 5 | ayee name | | | | | | _ | | |
| | 02/02/2021 | (| Charles W. | Green, Inc. | | | | | | | |
| 6 | Amount (\$) | 7 | ayee addre | ss; City; | State; | Zip Co | de | | | | _ |
| | \$942.50 | 8 | 301 Orthop | edic Way | | | | | | | |
| | | | | | | | | | | | |
| | | / | Arlington, T | X 76015 | | | | | | | |
| 8 | PURPOSE | (a) (| Category (Si | ee Categories listed at the to | p of this sche | edule) | (b) | Description | | | Т |
| | OF EXPENDITURE | / | Accounting/ | Banking/ | | | | | | de of Texas, Complete Schedule T. | |
| | | | | | | | | Accounting S | | officeholder living expense | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | L C | andidate/Offi | ceholder name | 0 | Office sou | ght | | | Office held | _ |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | 1 | Payee name | • | | | | ···· | | | |
| | 01/12/2021 | (| Constant C | ontact | | | | | | | |
| Г | Amount (\$) | I | ayee addre | ss; City; | State; | Zip Co | de | | | - | Ī |
| | \$258.54 | : | 1601 Trape | lo Road | | | | | | | |
| | | | | | | | | | | | |
| | | ١ | Waitham, M | IA 02451 | | | | | | | |
| Г | PURPOSE | (a) (| Category (se | ee Categories listed at the to | p of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | / | Advertising | Expense | | | | <u></u> | | de of Texas, Complete Schedule T. officeholder living expense | |
| | | | | | | | | Advertising/N | | | |
| | | | | | | | | | | | |
| Г | Complete ONLY if direct | | andidate/Offi | ceholder name | С | Office sou | ght | | | Office held | _ |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| | Date | ŀ | ayee name | | | | | | | | |
| | 03/19/2021 | 1 | Digital Corp | orate Companies, | Inc. | | | | | | |
| | Amount (\$) | ī | ⊃ayee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$961.20 | 8 | 301 Station | Dr., Suite 109 | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | Arlington, T | X 76015 | | | | | | | |
| | PURPOSE OF | | | ee Categories listed at the to | p of this sche | edule) | (b) | Description | | de ef Terres Complete Calculate T | |
| | EXPENDITURE | | Printing Exp | pense | | | | | | ide of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Thank you ca | | | |
| | | | | | | | | | | | |
| Г | Complete ONLY if direct | | andidate/Offi | ceholder name | C | Office sou | ght | - | | Office held | |
| L | expenditure to benefit C/OI | H | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | _ | | | _ | | _ |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Service | Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|---|-------|---|--|
| 1 | Total pages Schedule F1: Sch: 3/15 Rpt: 30/45 | Ross, Jimmy R | | | 3 | Filer ID |
| 4 | Date 03/19/2021 | Payee name Digital Corporate Cor | mpanies, Inc. | | | |
| 6 | Amount (\$) \$232.20 | Payee address; City 801 Station Dr., Suite Arlington, TX 76015 | | Code | | |
| 8 | PURPOSE OF EXPENDITURE | a) Category (See Categories) Advertising Expense | listed at the top of this schedule) | (b) | | de of Texas. Complete Schedule T. officeholder living expense Stakes |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder na | arne Office s | ought | | Office held |
| | Date 02/10/2021 | Payee name Harland Clarke | | | | |
| | Amount (\$) \$86.95 | Payee address; City 15955 La Cantera Pa San Antonio, TX 7829 | rkway | Code | | |
| | PURPOSE OF EXPENDITURE | a) Category (See Categories Office Supplies | listed at the top of this schedule) | (b) | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder na | ame Office s | ought | | Office held |
| | Date 01/19/2021 | Payee name High Water Strategies | s | | | |
| | Amount (\$) \$3,000.00 | Payee address; City 120 Silver Hill Ct. Fort Worth, TX 76108 | | Code | | |
| | PURPOSE OF EXPENDITURE | a) Category (See Categories Consulting Expense | listed at the top of this schedule) | (b) | _ | de of Texas. Complete Schedule T. officeholder living expense ting |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder na | ame Office s | ought | | Office held |
| | | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| 1 | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Food/Beverage Expense /- Gift/Awards/Memorials Expense | Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Printing Expense | | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|-----|--|---|--|-----------------|--|--|--|--|--|
| | Credit Card Payment | The Instruction Guide explains ho | ow to comp | lete this form. | | | | | |
| | otal pages Schedule F1: | | | | 3 Filer ID | | | | |
| 5 | Sch: 4/15 Rpt: 31/45 | Ross, Jimmy R | | | | | | | |
| 4 D | ate | 5 Payee name | | | | | | | |
| 0: | 2/19/2021 | High Water Strategies | | | | | | | |
| 6 A | mount (\$) | | Zip Code | | | | | | |
| | \$3,000.00 | 120 Silver Hill Ct. | | | | | | | |
| | | | | | | | | | |
| | | Fort Worth, TX 76108 | | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this sched | iule) (b | Description | nutside of Tayon Commi | ete Sabedula T | | | |
| | EXPENDITURE | Consulting Expense | | <u></u> | outside of Texas. Compl , TX, officeholder living (| | | | |
| | | | | February Cor | nsulting | | | | |
| | | | | | | | | | |
| | omplete ONLY if direct | * | fice sough | t | Office hel | d | | | |
| e | penditure to benefit C/OI | п | | | | | | | |
| D | ate | Payee name | | | | | | | |
| 0 | 1/05/2021 | Julie Nicholson | | | | | | | |
| Α | mount (\$) | Payee address; City; State; | Zip Code | | | | | | |
| | \$5,500.00 | 6405 Shorewood Drive | | | | | | | |
| | | | | | | | | | |
| | | Arlington, TX 76016 | | | | <u> </u> | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this sched | iule) (b |) Description | | ata Oakaskila T | | | |
| | EXPENDITURE | Consulting Expense | | | outside of Texas, Compl , TX, officeholder living o | | | | |
| | | | | November & | December Gras | sroots Director | | | |
| | | | | | | | | | |
| | omplete ONLY if direct | | fice sough | t | Office hel | d | | | |
| е: | cpenditure to benefit C/OI | | | | | | | | |
| D | ate | Payee name | | | | | | | |
| 0: | 3/02/2021 | Julie Nicholson | | | | | | | |
| A | mount (\$) | | Zip Code | | | | | | |
| | \$5,000.00 | 6405 Shorewood Drive | | | | | | | |
| | | | | | | | | | |
| | | Arlington, TX 76016 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this sched | lule) (t | Description | outside of Texas. Compl | ieta Schedula T | | | |
| ı | EXPENDITURE | Consulting Expense | | | , TX, officeholder living | | | | |
| | | | - | February Gra | ssroots Director | | | | |
| L | | | | | | | | | |
| | omplete ONLY if direct | | fice sough | t | Office hel | d | | | |
| e | penditure to benefit C/OI | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co | | Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ittee Legal Services Salaries/Wages/Contrac | | d/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|---|--|----------|---|----------------|---|-------------------|---|---|
| L | | | | IS HOW to C | ompi | ete tilis lottit. | _ | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID |
| L | Sch: 5/15 Rpt: 32/45 | | Ross, Jimmy R | | | | | |
| 4 | Date | 5 | Payee name | | | | | |
| | 02/03/2021 | | Julie Nicholson | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | te; Zip C | ode | | | |
| | \$5,000.00 | | 6405 Shorewood Drive | | | | | |
| l | | | | | | | | |
| | | | Arlington TV 76016 | | | | | |
| L | | | Arlington, TX 76016 | | | | _ | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | | |
| ı | EXPENDITURE | i | Consulting Expense | | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | January Gras | | |
| | | | | | - | ouridally orac | ,,,, | |
| ۴ | Complete CNI V if direct | <u>L</u> | Candidate/Officeholder name | Office so | undet. | | | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | candidate/Onicendider name | Office SC | ugnt | | | Onice field |
| L | | | | | | | | |
| | Date | | Payee name | | | | | |
| | 02/03/2021 | | Julie, Nicholson | _ | | | | |
| Г | Amount (\$) | Г | Payee address; City; Sta | te; Zip C | ode | | | |
| | \$62.64 | | 6405 Shorewood Drive | | | | | |
| | | | | | | | | |
| | | | Arlington, TX 76016 | | | | | |
| H | PURPOSE | (a) | | anto anto da N | (b) | Description | | - |
| | OF | `" | Category (See Categories listed at the top of this see Printing Expense | scnedule) | 1,~, | | outs | side of Texas. Complete Schedule T. |
| l | EXPENDITURE | | r Inting Expense | | | Check if Austin | ı, TX | , officeholder living expense |
| | | | | | 1 | Flyers & Busi | ine | ss Cards |
| | | | | | | | | |
| H | Complete ONLY if direct | | Candidate/Officeholder name | Office so | ught | | | Office held |
| | expenditure to benefit C/OI | Н | | | | | | |
| ⊨ | Data | Т | Device news | | | | - | |
| | Date | | Payee name | | | | | |
| L | 02/03/2021 | L | Julie, Nicholson | | | | _ | |
| | Amount (\$) | | | te; Zip C | ode | | | |
| | \$72.85 | | 6405 Shorewood Drive | | | | | |
| | | | | | | | | |
| | | | Arlington, TX 76016 | | | | | |
| 厂 | PURPOSE | (a) | Category (See Categories listed at the top of this | schedute) | (b) | Description | | |
| | OF | | Supplies | , | | | outs | side of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | | | | C, officeholder living expense |
| | | | | | | Pens & Plast | ic I | Bins for Event, |
| | | | | | \perp | | | |
| Г | Complete ONLY if direct | | Candidate/Officeholder name | Office so | ught | | | Office held |
| | expenditure to benefit C/Oł | Н | | | | | | |
| Г | | | | | | | | |
| | | | | | | | | |
| ٢ | rms provided by Teyes F | thic | s Commission www.ethics | e etate tv | 116 | | | Version V1.1 eeh5f8/ |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Committee | Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services | Office Ove Polling Ex Printing E Salaries/V | erhead pense xpens Vages | e //Contract Labor | | Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a | |
|---|--|-------------------------|--|--|-----------------------------------|-----------------------|-------|--|---|
| L | | Ta | The Instruction Guide expl | ains now to co | mpse | ete triis form. | | -11 15 | |
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | |
| L | Sch: 6/15 Rpt: 33/45 | Ross, Jimr | ny R | | | | | | |
| 4 | Date | 5 Payee name |) | | | | | | |
| | 03/02/2021 | Legal Draf | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; S | tate; Zip Co | de | | | | |
| | \$81.00 | 500 E. Divi | stion Street | | | | | | |
| | | | | | | | | | |
| l | | Arlington, ⁻ | ΓX 76011 | | | | | | |
| 8 | PURPOSE | (a) Category /s | See Categories listed at the top of th | is schedule) | (b) | Description | _ | | |
| | OF | Event Expe | | is schedule) | | _ | outsi | de of Texas. Complete Schedule T. | |
| l | EXPENDITURE | | | | | Check if Austin. | , TX, | officeholder living expense | |
| l | | | | | | Meet & Greet | t Ev | vent | |
| L | | | | | | | | | |
| 9 | Complete ONLY if direct | | ficeholder name | Office sou | ight | | | Office held | |
| L | expenditure to benefit C/O | п | | | | | | | |
| Г | Date | Payee name | | | | | | | |
| ı | 01/20/2021 | Mayes Me | dia Group | | | | | | |
| Г | Amount (\$) | Payee addre | ess; City; S | tate; Zip Co | de | | | | |
| l | \$10,801.75 | 312 Creek | wood Drive | | | | | | |
| l | | | | | | | | | |
| l | | Sunnyvale | TX 75182 | | | | | | |
| H | PURPOSE | (a) Category // | See Categories listed at the top of th | ie echadula) | (b) | Description | | | |
| l | OF | Advertising | | is scriedule) | Ì., | | outsi | de of Texas, Complete Schedule T. | |
| l | EXPENDITURE | | | | | Check if Austin | XT, | officeholder living expense | |
| l | | | | | | Yard signs ar | nd r | metal frames | |
| L | | | | | | | | | |
| ı | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ight | | | Office held | |
| L | experiulture to beliefit C/O | | | | | | | | |
| Г | Date | Payee name | ? | | | | | | |
| l | 03/19/2021 | Mayes Me | dia Group | | | | | | |
| Г | Amount (\$) | Payee addre | ess; City; S | tate; Zip Co | de | | | | - |
| l | \$620.63 | 312 Creek | wood Drive | | | | | | |
| l | | | | | | | | | |
| | | Sunnyvale | TX 75182 | | | | | | |
| H | PURPOSE | | | | (h) | Description | | | |
| | OF | Advertising | See Categories listed at the top of the | is schedule) | (6) | | outsi | de of Texas, Complete Schedule T. | |
| | EXPENDITURE | Auvertising | Expense | | | | | officeholder living expense | |
| | | | | | | Design & prin | ntin | g - Pop up banner | |
| | | | | | | | | | |
| Г | Complete ONLY if direct | | iceholder name | Office sou | ght | | | Office held | |
| | expenditure to benefit C/OI | H | | | | | | | |
| Г | | | | | | | | | |
| | | | | | | | | | |
| ĺ | | | | | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Travel in District Travel Out of District OTHER (enter a category not listed a | above) | | | | | | | |
|---|---------------------------|--|--|-------------------|--|-------------|--|--|--|--|--|
| Credit Card Payment | | The Instruction Guide exp | lains how to co | mplete this form. | | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID | | | | | | |
| Sch: 7/15 Rpt: 34/45 | Ross, Jimm | y R | | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | | | |
| 03/22/2021 | Mayes Med | ia Group | | | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ss; City; | State; Zip Co | de | | | | | | | |
| \$34,430.00 | 312 Creekw | ood Drive | | | | | | | | | |
| | | | | | | | | | | | |
| | Sunnyvale, | nyvale, TX 75182 | | | | | | | | | |
| 8 PURPOSE OF | (a) Category (s | egory (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| EXPENDITURE | Advertising | Expense | | <u> </u> | el outside of Texas, Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living experise Billboard Options | | | | | | | | | |
| | | | | | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Office sou | ght | Office held | | | | | | |
| experience to definite of the | | | | | | | | | | | |
| Date | Payee name | | | | | | | | | | |
| 02/17/2021 | Mayes Med | ia Group | | | | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Zip Co | de | | | | | | | |
| \$1,407.71 | 312 Creekv | ood Drive | | | | | | | | | |
| | | | | | | | | | | | |
| | Sunnyvale, | TX 75182 | | | | | | | | | |
| PURPOSE | (a) Category (s | Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| OF EXPENDITURE | Advertising | Expense | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | | | Doorhanger | | | | | | | |
| | | | | 5 comango. | • | | | | | | |
| Complete ONLY if direct | Candidate/Offi | ceholder name | Office sou | aht | Office held | | | | | | |
| expenditure to benefit C/O | | | | 3 | | | | | | | |
| Date | Device perso | | | | | · | | | | | |
| 02/19/2021 | Payee name Mayes Med | ia Group | | | | | | | | | |
| | | <u> </u> | State; Zip Co | do | | | | | | | |
| Amount (\$) \$1,295.00 | Payee addre 312 Creekv | | State, Zip Co | de | | | | | | | |
| \$1,293.00 | 312 Cleekv | lood Dilve | | | | | | | | | |
| | Curani u mala | TV 75100 | | | | | | | | | |
| | Sunnyvale, | | | | | | | | | | |
| PURPOSE OF | , | ee Categories listed at the top of t | this schedule) | (b) Description | el outside of Texas. Complete Schedule T. | | | | | | |
| EXPENDITURE | Advertising | Expense | | | in, TX, officeholder living expense | | | | | | |
| | | | | Additional D | oorhangers | | | | | | |
| | | | | | | | | | | | |
| Complete ONLY if direct | | ceholder name | Office sou | ght | Office held | | | | | | |
| expenditure to benefit C/O | Н | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | W-1 | | | | Varsion V | 1 1 oohEfQ/ | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | Polling Ex Printing E Salaries/V | pense xpens Vages | se /Contract Labor | quipment & Related Expense strict category not listed above) | | | | | |
|---|---|-----|---------------------------|--|--|-------------------------|-----------------------|--|--------------|---------------------|----------------------|--|--|
| L | - | | | The Instruction Guide | e explains l | now to co | mple | ete this form. | _ | | | | |
| 1 | Total pages Schedule F1: Sch: 8/15 Rpt: 35/45 | | FILER NAME Ross, Jimmy | | | | | | 3 | Filer ID | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 03/12/2021 | | Mayes Medi | a Group | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | Zip Co | ode | | | | | | |
| | \$617.74 | : | 312 Creekw | 2 Creekwood Drive | | | | | | | | | |
| | | | Sunnyvale, [•] | ΓX 75182 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (sa | e Categories listed at the to | on of this sche | edule) | (b) | Description | | | | | |
| Ü | OF | | Advertising I | | 7p or (1)13 36110 | Judicy | l , , | | outsi | de of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | | , | | | | | | officeholder living | | | |
| ı | | | | | | l | Design & prir | ntin | g of postcar | ds for volunteers | | | |
| | | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | - | andidate/Offic | eholder name | 0 | office sou | ight | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | |
| | 03/22/2021 | | Mayes Medi | a Group | | | | | | | | | |
| Г | Amount (\$) | | Payee addres | s; City; | State; | Zip Co | ode | | | | | | |
| | \$3,650.00 | | 312 Creekw | ood Drive | | | | | | | | | |
| ı | | | | | | | | | | | | | |
| | | | Sunnyvale, | TX 75182 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at the to | op of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | . | Advertising Expense | | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | Design & placement of Arlington Today insert ad | | | | | |
| | | | | | | | | Design & pla | CCI | Helit of Allini | gron roday insert ad | | |
| _ | | | 11.1 | | | | <u> </u> | | _ | 0.00 | .1.1 | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | eholder name | 0 | office sou | ight | | | Office he | eid | | |
| | experience to content ere. | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 01/20/2021 | | Mayes Medi | a Group | | | | | | | | | |
| Г | Amount (\$) | | Payee addres | s; City; | State; | Zip Co | ode | | | | | | |
| | \$2,500.00 | | 312 Creekw | ood Drive | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Sunnyvale, ⁻ | TX 75182 | | | | | | | | | |
| L | | _ | | | | | | | | | | | |
| | PURPOSE OF | | | e Categories listed at the to | op of this sche | edule) | (D) | Description Check if travel | nutei | de of Tevas Com | nlete Schedule T | | |
| | EXPENDITURE | ' | Consulting E | xpense | | | | | | officeholder living | | | |
| | | | | | | | | January Con | | | | | |
| | | | | | | | | • | | = | | | |
| Complete ONLY if direct Candidate/Officeholder name | | | | | | | l ight | | | Office he | eld | | |
| | expenditure to benefit C/O | | | | J | | g | | | | | | |
| \vdash | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Event Expense

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Transportation Equipment & Related Expense Travel out of District OTHER (enter a category not listed above) | | | | | | | | | |
|----------|--|-----------------|---|---|----------|-----------------|---------|--|--|--|--|--|--|
| Ļ | - returned patrolists Fer | a suspana | The Instruction Guide explain: | s now to co | тріе | te uns torm. | 12 | Files ID | | | | | |
| 1 | Total pages Schedule F1: Sch: 9/15 Rpt: 36/45 | Ross, Jimr | | | | | 3 | Filer ID | | | | | |
| 4 | Date | 5 Payee name | | | | | _ | | | | | | |
| | 02/04/2021 | Mayes Me | | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; Stat | e; Zip Co | de | | | | | | | | |
| | \$3,500.00 | 312 Creek | wood Drive | | | | | | | | | | |
| | | Sunnyvale | TX 75182 | | | | | | | | | | |
| 8 | PURPOSE | (a) Category (5 | See Categories listed at the top of this s | chedule) | (b) | Description | | | | | | | |
| | OF EXPENDITURE | Consulting | Expense | | | <u></u> | | de of Texas, Complete Schedule T. | | | | | |
| ı | | | | | | February Cor | | officeholder living expense | | | | | |
| | | | | | | 1 Coldary Col | 13u | iding i cc | | | | | |
| Ļ | O LIVE ONLY IN FRANCE | G 154-1-104 | | Off: | | | | Office held | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | gnt | | | Office field | | | | | |
| Г | Date | Payee name |) | | | | | | | | | | |
| | 03/22/2021 | Mayes Me | dia Group | | | | | | | | | | |
| Г | Amount (\$) | Payee addre | ess; City; Stat | e; Zip Co | de | | | | | | | | |
| | \$3,500.00 | 312 Creek | wood Drive | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| | | Sunnyvale | TX 75182 | | | | | | | | | | |
| Г | PURPOSE | (a) Category (s | See Categories listed at the top of this s | chedule) | (b) | Description | | | | | | | |
| L | OF EXPENDITURE | | Consulting Expense | | | | | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| ı | LX ENDITORE | | | | | | | Check if Austin, TX, officeholder living expense March Consulting Fee | | | | | |
| ı | | | | | | March Consu | AILIF I | ig ree | | | | | |
| L | | L | | | <u> </u> | | _ | | | | | | |
| ı | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ght | | | Office held | | | | | |
| L | exponditions to ballour end | | | | | | | | | | | | |
| Г | Date | Payee name | 9 | | | | | | | | | | |
| | 03/02/2021 | Mayes Me | dia Group | | | | | | | | | | |
| Г | Amount (\$) | Payee addre | ess; City; Stat | e; Zip Co | de | | | | | | | | |
| ı | \$23,300.00 | 312 Creek | wood Drive | | | | | | | | | | |
| ı | | | | | | | | | | | | | |
| l | | Sunnvvale | TX 75182 | | | | | | | | | | |
| \vdash | PURPOSE | | | -1-4-1-1 | (h) | Description | _ | | | | | | |
| | OF | Polling Exp | See Categories listed at the top of this so | cneaule) | \~′ | | outsi | ide of Texas. Complete Schedule T. | | | | | |
| l | EXPENDITURE | 1 Olling Exp | iciisc | | | Check if Austin | ı, TX, | officeholder living expense | | | | | |
| | | | | | | Polling benc | hm | ark survey | | | | | |
| | | | | | | | | <u> </u> | | | | | |
| Γ | Complete ONLY if direct | | ficeholder name | Office sou | ght | | | Office held | | | | | |
| | expenditure to benefit C/O | Н | | | | | | | | | | | |
| Г | | | | | | | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donatio Candidate/Officeho Credit Card Payment | | | Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui | xpense F | | ense jes/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not lister | f above) | | | |
|---|----------|--------------------------------|---|--|-------------|----------------------------|---|------------|--|--|--|
| 1 Total pages Sche | dulo E1: | 2 EII ED NAM | | | | | 3 Filer ID | | | | |
| Sch: 10/15 Rpt: | | Ross, Jimr | | | | | - Theris | | | | |
| 4 Date | | 5 Payee name |) | | | | | | | | |
| 03/22/2021 | | Mayes Me | dia Group | | | | | | | | |
| 6 Amount (\$) | | 7 Payee addre | ess; City; | State; | Zip Code | 9 | | | | | |
| | 759.21 | | .2 Creekwood Drive | | | | | | | | |
| | | Sunnyvale | TX 75182 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (: Advertisinç | see Categories listed at the Expense | top of this sched | ule) (t | Check if Austin | outside of Texas, Complete Schedule T. n, TX, officeholder living expense & mail multifold intro brochu | ıres. | | | |
| 9 Complete ONLY if expenditure to be | | | ficeholder name | Off | ice sough | nt | Office held | | | | |
| Date | | Payee name | 2 | | | | | | | | |
| 03/16/2021 | | Mayes Me | dia Group | | | | ¥i | | | | |
| Amount (\$) | | Payee addre | ess; City; | State; | Zip Code | 9 | | | | | |
| , , | 545.00 | _ | wood Drive | | | | | | | | |
| V-1 | 01000 | 012 0100K | | | | | | | | | |
| | | Sunnyvale | TX 75182 | | | | | | | | |
| PURPOSE | | (a) Category (s | See Categories listed at the | top of this sched | Description | | | | | | |
| OF EXPENDITURE | | Advertising | Expense | outside of Texas, Complete Schedule T. n, TX, officeholder living expense | | | | | | | |
| | | | | | | | ting, delivery pushcard | | | | |
| Complete ONLY is expenditure to be | | | ficeholder name | Off | ice sough | nt | Office held | | | | |
| Date | | Payee name |) | - | | | | | | | |
| 03/16/2021 | | Mayes Me | dia Group | | | | | | | | |
| Amount (\$) \$1, | 750.00 | Payee addre 312 Creek | ess; City; wood Drive | State; | Zip Code | 2 | | | | | |
| | | Sunnyvale | , TX 75182 | | | | | | | | |
| PURPOSE OF EXPENDITURE | - 1 | (a) Category (a Advertising | See Categories listed at the | top of this sched | ule) (I | Check if Austi | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ting, delivery for doorhanger | s | | | |
| Complete ONLY is expenditure to be | | | ficeholder name | Off | ice sough | nt | Office held | | | | |
| | | | | | - | | | // 1 oob5# | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / il Co | mmittee | Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C | ls Expense | | xpens Vages | se s/Contract Labor | | Travel In District Travel Out of District OTHER (enter a category not listed abo | ve) | | |
|----------|--|------------|----------------|---|---------------------|------------|----------------|---|-------|--|-----|--|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | - | | | | | 3 | Filer ID | | | |
| | Sch: 11/15 Rpt: 38/45 | | Ross, Jimm | | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 03/16/2021 | | Mayes Med | lia Group | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | Zip Co | ode | | | - | | | |
| | \$2,078.90 | | 312 Creekv | vood Drive | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Sunnyvale, | nyvale, TX 75182 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed at | the top of this sch | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Advertising | Expense | | | | | | te of Texas, Complete Schedule T. | | | |
| | | | | | | | | Check if Austin, TX, officeholder living expense Design & Printing of Response Cards, Sorry I missed | | | | | |
| | | | | | | | | | | nks for meeting with us car | | | |
| <u>_</u> | Complete ONLY if direct | <u> </u> | Candidata/Off | iceholder name | | Office sou | iabt | | _ | Office held | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Januidate/OII. | | | JIIICE SUL | igitt | | | Office field | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 03/16/2021 | | Mayes Med | lia Group | | | | | | | | | |
| Г | Amount (\$) | Г | Payee addre | ss; City; | State | Zip Co | ode | | | | | | |
| | \$7,820.69 | | 312 Creekv | vood Drive | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Sunnyvale, | TX 75182 | | | | | | | | | |
| \vdash | PURPOSE | (a) | Category /s | GOTY (See Categories listed at the top of this schedule) (b) | | | | | _ | | | | |
| | OF EVENDET IDE | Γ | Advertising | 31 0110 3011 | | | outsid | te of Texas, Complete Schedule T. | | | | | |
| | EXPENDITURE | | 3 | Stilling Experies | | | | | | officeholder living expense | | | |
| | | | | | | | | | | etter, Pushcards, Envelope Mailing/Postage | s, | | |
| | | | | | | | | concincat an | iu i\ | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Off | iceholder name | C | Office sou | ıght | | | Office held | | | |
| L | experience to beliefit C/OI | | | | | | | | | | | | |
| Г | Date | | Payee name | | | | | | | | | | |
| | 03/16/2021 | | Mayes Med | lia Group | | | | | | | | | |
| Г | Amount (\$) | Г | Payee addre | ss; City; | State | ; Zip C | ode | | | | | | |
| 1 | \$487.13 | | 312 Creekv | vood Drive | | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | | | Sunnyvale, | TX 75182 | | | | | | | | | |
| Г | PURPOSE | (a) | Category (s | ee Categories listed at | the top of this sch | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Printing Ex | = | | | | | | de of Texas. Complete Schedule T. | | | |
| | EAR ENDITORE | | | | | | | | | officeholder living expense ts for canvassers | | | |
| | | | | | | | | Finding Golf S | أالاد | is in canvassers | | | |
| \vdash | Complete ONE VIT Pro- | L | ni | : | |)ffine = | L market | | | Office hold | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Jangigate/Off | iceholder name | | Office sou | ignt | | | Office held | | | |
| L | • | | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Polling Expense

Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Travel in District Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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 3 Filer ID Sch: 12/15 Rpt: 39/45 Ross, Jimmy R 4 Date 5 Payee name 03/02/2021 Mayes Media Group Amount (\$) Payee address; City; State; Zip Code \$3,088.94 312 Creekwood Drive Sunnyvale, TX 75182 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. OF Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing 4x4 and 4x6 signs (50 each) Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/02/2021 Mayes Media Group Amount (\$) Payee address; City; State; Zip Code 312 Creekwood Drive \$4,750.00 Sunnyvale, TX 75182 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Distribution of large campaign signs (first round) Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/21/2021 Mayes Media Group Payee address; State; Zip Code Amount (\$) \$8,752.83 312 Creekwood Drive Sunnyvale, TX 75182 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design & printing ballot by mail brochure Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
|---|--|--------------|---|---|------------|------|---------------|--------|-----------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | 1E | | | | | 3 | Filer ID |
| | Sch: 13/15 Rpt: 40/45 | Ross, Jim | | | | | | | |
| 4 | Date | 5 Payee nam | e | | | | | - | |
| | 03/22/2021 | Mayes Me | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; | Zip Co | de | | | |
| | \$1,650.00 | 312 Creek | wood Drive | | · | | | | |
| | | | | | | | | | |
| | | Sunnyvale | e, TX 75182 | | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the | top of this sche | edule) | (b) | Description | | |
| | OF EXPENDITURE | Consulting | | | · | | | | de of Texas. Complete Schedule T. |
| | EXPERIENCE | | | | | | | | officeholder living expense |
| | | | | | | | January recri | Liitii | nent & training of canvassers |
| 0 | Complete ONLY if direct | Candidate/O | fficeholder name | | office sou | abt | | | Office held |
| 9 | expenditure to benefit C/O | | inceriolder hame | | mice sou | grit | | | Office field |
| | Date | Payee nam | е | | | | | | · |
| | 02/24/2021 | Mayes Me | edia Group | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Co | de | | | |
| | \$13,500.00 | 312 Creek | wood Drive | | | | | | |
| | | | | | | | | | |
| | | Sunnyvale | e, TX 75182 | | | | | | |
| | PURPOSE | (a) Category | Category (See Categories listed at the top of this schedule) (b) | | | | | | |
| | OF EXPENDITURE | Consulting | | | | | | | de of Texas, Complete Schedule T. |
| | | | | | | | February Car | | officeholder living expense |
| | | | | | | | rebidaly oal | IIVO | .55mg |
| | Complete ONLY if direct expenditure to benefit C/O | | fficeholder name | 0 | office sou | ght | | | Office held |
| _ | Date | Payee nam | e | - | | | | | |
| | 02/05/2021 | | Events and Tents | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Co | de | | | |
| | \$1,270.90 | | andol Mill Rd. | | | | | | |
| | | | | | | | | | |
| | | Arlington, | TX 76011 | | | | | | |
| - | PURPOSE | (a) Category | See Categories listed at the | top of this sche | edule) | (b) | Description | | |
| | OF EXPENDITURE | Event Exp | | | • | | | | de of Texas. Complete Schedule T. |
| | EXPENDITORL | | | | | | | | officeholder living expense |
| | | | | | | | Event Equipr | ner | ii renkai |
| _ | Complete ONLY if direct | Candidate/O | fficeholder name | 0 | office sou | Lght | - | | Office held |
| | expenditure to benefit C/OI | | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Food/Beverage Expense Git/Awards/Memorials Exp Legal Services The Instruction Guide | Travel in District Travel Out of District OTHER (enter a category not listed above |) | | | | | |
|----------|--|----------|----------------|--|--|-----------|----------|--------------|-----|---|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | = | | | | | 3 | Filer ID | |
| | Sch: 14/15 Rpt: 41/45 | | Ross, Jimm | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/15/2021 | | Peerless Ev | vents and Tents | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip C | ode | | | | |
| | \$351.96 | | 3301 E. Ra | ndol Mill Rd. | | | | | | | |
| | | | | | | | | | | | |
| | | | Arlington, T | X 76011 | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | ee Categories listed at the to | op of this sch | eđuje) | (b) | Description | à | | |
| | OF EXPENDITURE | | Event Expe | | | | | _ | | de of Texas, Complete Schedule T. | |
| | EXPENDITORL | | | | | | | | | officeholder living expense | |
| | | | | | | | | Event Equipn | nen | it Rental | |
| | | L | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offi | ceholder name | C | Office so | ught | | | Office held | |
| Г | Date | | Payee name | | | | | | | | _ |
| | 02/02/2021 | | Vicki Sypie | | | | | | | | |
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| | \$2,500.00 | | | any Park Drive | June, | P | - | | | | |
| | Ψ2,500.00 | | 0415 10300 | any rank brive | | | | | | | |
| | | | | | | | | | | | |
| L | | | Arlington, T | X 76016 | | | | | | | |
| Г | PURPOSE | (a) | Category (S | ee Categories listed at the t | op of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Consulting | Expense | | | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | | | officeholder living expense | |
| | | ı | | | | | | Campaign 50 | an | Support January | |
| L | | | | | | | <u>_</u> | | | ~ | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Off | iceholder name | C | Office so | ught | | | Office held | |
| L | experience to belieff of O | | | | | | | | | | |
| Г | Date | Г | Payee name | | | | | | | | |
| | 03/02/2021 | | Vicki Sypie | n | | | | | | | |
| \vdash | Amount (\$) | - | Payee addre | ss; City; | State: | Zip C | ode | | _ | | |
| | \$2,500.00 | | | any Park Drive | | | | | | | |
| | 42,000,000 | | | | | | | | | | |
| | | | Aulineten T | V 76016 | | | | | | | |
| L | | L | Arlington, T | | | | _ | | | | |
| | PURPOSE | (a) | | ee Categories listed at the t | op of this sch | edule) | (b) | Description | | la divina de la calación | |
| | OF EXPENDITURE | | Consulting | Expense | | | | | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | | | Support February 2021 | |
| | | | | | | | | Jumpaign | | ospholit on only fort | |
| - | Consider ON VIII alternation | | `did-+-100 | iooboldor x = = = | - | Mac of | uaht | | | Office held | |
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| L | | | | | | | | | _ | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6 | Salar | - | es/Contract Labor | Travel Out of District OTHER (enter a cate | gory not listed above) |
|---|---|-----|-----------------|--|---------------------|------------|-------------------|---|------------------------|
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| 1 | Total pages Schedule F1: Sch: 15/15 Rpt: 42/45 | 2 | Ross, Jimm | | | | | 3 Filer ID | |
| 4 | Date | 5 | Рауее пате | | | | | | |
| | 02/09/2021 | | WH Candy | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | - | State; Zip | Code |) | | |
| | \$248.26 | | 6820 Fairfie | ld Business Drive | | | | | |
| | | | Fairfield, OF | 1 45014 | | | | | |
| 8 | PURPOSE | (a) | | e Categories listed at the top | of this cohodula) | (b |) Description | | |
| ľ | OF | (-y | Event Exper | | or triis scriedule) | | | outside of Texas. Complete | Schedule T. |
| | EXPENDITURE | | 2.011.011.00 | | | | Check if Austin | ı, TX, officeholder living exp | ense |
| | | | | | | | Personalized | l Chocolate Bars | |
| L | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | Office | sough | ıt | Office held | ··· |
| Г | Date | | Рауее пате | | - | | | | |
| | 02/11/2021 | | WH Candy | | | | | | |
| Г | Amount (\$) | Г | Payee addres | ss; City; | State; Zip | Code | ! | | |
| | \$496.52 | | 6820 Fairfie | ld Business Drive | | | | | |
| | | | | | | | | | |
| | | | Fairfield, Ol | H 45014 | | | | | |
| | PURPOSE OF | (a) | | e Categories listed at the top | of this schedule) | (b |) Description | | |
| | EXPENDITURE | | Event Exper | nse | | | | outside of Texas. Complete | |
| | | | | | | | | Chocolate Bars | AGI 15 C |
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| H | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | l souah | ıt. | Office held | |
| | expenditure to benefit C/OI | | | | | | - | | |
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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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Pontract Lahor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHED (enter a category not listed above)

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal S | | | | kpense Vages/Contract Labor mplete this form. | | Out of District R (enter a category no | ot listed above) |
|---|---|-----|----------------|-----------|-------------------------|---------------|--------|---|----------------------|---|------------------------|
| 1 | Total pages Schedule G: | 2 | FILER NAME | = | | | | | 3 Filer | ID | |
| | Sch: 1/1 Rpt: 43/45 | _ | Ross, Jimm | | | | | | | | |
| 4 | Date | 5 | Payee name | | - | _ | | | | | |
| | 01/13/2021 | | Ross, Jimm | ıy R. | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; | City; | State; | Zip Co | de | | | |
| | \$100.00 | | 1975 Ballpa | ark Wa | ay #201605 | | | | | | 1 |
| | Reimbursement from political contributions intended | | Arlington, T | X 760 | 06 | | | | | | |
| 8 | PURPOSE | (a) | Category (s | iee Categ | ories listed at the top | of this sched | tule) | (b) Description | | | , Complete Schedule T, |
| | OF EXPENDITURE | | Fees | | | | | L | _ | Austin, TX, officeholde | |
| | | | | | | | | Jim Ross paid w for Candidate Fil | ith perso ing Fee | nal funds to the | e City of Arlington |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Car | ndidate/Office | holder | name | | | Office sought | | Office held | i |
| | | | | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 44/45 3 Filer ID 2 FILER NAME Ross, Jimmy R 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 01/05/2021 \$0.13 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code PO Box16509 Fort Worth, TX 76162 7 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest