CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		· · · · · · · · · · · · · · · · · · ·				
The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission F	ilers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR James		MI. T	OFFICE USE ONLY		
147-IVIE	nickname Jim	LAST Scrivner	SUFFIX	Office of Legal Services Irving ISD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip cod ring TX 75061	86 L		
Change of Address				RECEIVED		
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	371-1090	EXTENSION	Date Hand-delivered or Date Postmarked 4-8-2022		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr	FIRST David	мі М	Receipt # Amount \$ N/A 0 Date Processed # 2022		
	NICKNAME	LAST Jones	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE: ZIP CODE		
TREASURER ADDRESS	2825 Lake Gardens Dr.		Irving	TX 75060		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(214)	PHONE NUMBER 564-7344	EXTENSION	>>		
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	Exceeded Modifi Reporting Limit	ied Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	M	onth Day Year		
COVERED	1 ,	/ 19 / 22	THROUGH 4	/ 7 / 22		
11 ELECTION	ELECTION DA	ATE	ELECTION	TYPE		
	Month Day	Year Primary	Runoff Other Descrip	ntion		
	5 / 7	✓ 22 General	Special			
12 OFFICE	OFFICE HELD (if any))	13 OFFICE SOUGHT (IF	known) nool Board, District 5		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
00000001122(0)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jim Scrivner		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	1 a. TOTAL PULLIFICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00					
ř.	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information					
re	quired to be reported by me under Title 15, Election Code.	7 /					
	//4						
	Signature of Ca	ndidate or Officeholder					
	Please complete either ention below	#*					
Please complete either option below:							
(1) Affidavit	EUGENIA D ALVAREZ Notary Public, State of Texas						
	My Commission Expires						
NOTARY STAMP/SEA	December 15, 2024 NOTARY ID 1216063-7						
Swom to and subscribed	before me by Jane 7. Scrivar this the	8 day of april.					
20 22 , to certify	which, witness my hand and seal of office.	11 - 1 M. O.A					
Eligenia D.	alwarez Eugenia D. Hluarez	HR Staffing Wood					
Signature of officer administe		Title of office Valuministering oath					
(0) Harrison Dealers	OR						
(2) Unsworn Declarati	on						
My name is	, and my date of birth is						
My address is							
	(street) (city) (s	tate) (zip code) (country)					
Executed in	County, State of, on theday of(month	, 20 (year)					
	(month	, Gearl					
	Signature of Candid	ate/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmiss	ion Filers)	
Ji	m Scrivner			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	2,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,659.47
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to co	1 Total pages Schedule A1:			
2 FILER NAME Jim Scrivne	er				3 Filer ID (Ethics Commission Filers)
4 Date	Jeff & Linda Lee				7 Amount of contribution (\$)
04/06/2022	6 Contributor address; City; State; Zip Code 808 S Wildwood Irving TX 75060			100.00	
8 Principal occu		····9			33
6 Principal occu	pation / Job title (See Instructions)		у спрк	oyer (See Instruct	ions)
Date	Full name of contributor ou	ut-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address; C	City:	State;	Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				oyer (See Instruct	ions)
Date	Full name of contributor ou	ut-of-state PAC	tate PAC (ID#:)		Amount of contribution (\$)
	Contributor address; C			Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					ions)
Date	Full name of contributor օւ	ut-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address; C	îty;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
				,	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

LOANS SCHEDULE E

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

<u> </u>			· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Jim Scrivner				
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)		
03/16/2022	Jim Scrivner	2,000.00		
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	400 Towne Cove Irving	TX 75061	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Retired	,			
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable	To Suarantor address, City,	Glate, Zip Gode		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)	
is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	I	
Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City,	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	EDED	

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense		ng Expense ment & Related Expense		
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense	Poffing Expense	rnse Travel In District			
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a catego			
	The Instruction Guide ex	cplains how to complete this form.	,			
1 Total pages Schedule F2:			3 Filer ID (Ethics (Commission Filers)		
1	Jim Scrivner					
4 TOTAL OF UNITEM	MIZED UNPAID INCURRED OF	BLIGATIONS	\$ 1,659 .	.47		
5 Date	6 Payee name					
04/01/2022	FastSigns					
7 Amount (\$)	8 Payee address;	8 Payee address; City;				
1,659.47	4070 N Belt Line Rd. Ste.	118 Irving	Texas	75038		
TYPE OF EXPENDITURE Political Non-Political						
10	(a) Category (See Categories listed at the top	of this schedule) (b) Description				
PURPOSE OF Expenditure	Printing Expense	Campaign :	Campaign signs and handouts			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office h	eid		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule) Description	1			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office h	eld		
				;		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	NEEDED	,		