CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** MR **James** T NAME Date Received NICKNAME LAST SUFFIX Office of Legal Services Jim Scrivner Irving ISD 4 CANDIDATE/ ADDRESS / PO BOX, APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 400 Towne Cove Irving TX 75061 APR 2 9 2022 **MAILING ADDRESS** Change of Address RECEIVED AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817) 4-29-22 371-1090 **PHONE** Receipt MS / MRS / MR FIRST М 6 CAMPAIGN NIA **TREASURER** Mr David M Date Processed NAME -22 NICKNAME LAST SUFFIX Date Imaged Jones 29-22 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 2825 Lake Gardens Dr. Irving TX 75060 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER** PHONE (214 564-7344 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year **COVERED** 22 8 22 28 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primery Runoff Other Month Day Year Description General Special 22 OFFICE HELD, (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Irving ISD School Board, District 5 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER 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 ti	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)	,	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	RE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,138.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	NED AS OF THE LAST DAY	s 414.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ 2,000.00
	wear, or affirm, under penalty of perjury, that the accompaired to be reported by me under Title 15, Election Code.	panying report is true and corn	ect and includes all information
			t
		Simulatura of Condidate of	Office haldes
		Signature of Candidate or	Officenoider
	Places complete either	contion holows	
	Please complete eithe	option below.	
(1) Affidavit	MARLENIS ALVAREZ Notary Public, State of Texas My Commission Expires June 12, 2023 NOTARY ID 12646129-2		
	before me by <u>James Thomas Scrivn</u> which, witness my hand and seal of office. Overney Marken's Alvard	er this the 29	day of April,
20 22 , to certify	which, witness my hand and seal of office.		'
marlinia	alvernez - Martenic Alvare	2 Assistant	40 DOONTY Symmony
Signature of officer administe	ring oath Printed name of officer administerin		Title of officer administering oath
		9 00	
	OR		
(2) Unsworn Declarati	on		
My name is	, an	my date of birth is	· [
My address is		· · · · · · · · · · · · · · · · · · ·	··
	(street)	(city) (state) (z	zip code) (country)
Executed in	County, State of, on the	day of	_, 20 (year)
		(month)	(year)
		Signature of Candidate/Officel	holder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID im Scrivner	O (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s 1,885.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,253.01
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ns \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	RNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jim Scrivne	er	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2022	5 Full name of contributor out-of-state PAC (ID#:	Zip Code 150.00
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date 04/28/2022	Full name of contributor out-of-state PAC (ID#:	Zip Code 50.00
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State;	various of contribution (\$\psi\$)
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Zip Code
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1: 1	2 FILER NAME Jim Scrivner		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/08/2022	FastSigns			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,659.47	4070 N Belt Line Rd. Ste. 118	Irving	Texas	75038
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign sig	ns and hando	outs
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/09/2022	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
226.19	3200 W Irving Blvd	Irving	TX	75061
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description	- "	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Poles and mo	unting equip	for signs
OF		Poles and mo	ounting equip	
OF	Other Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Poles and mo	in, TX, officeholder living	
OF EXPENDITURE Complete ONLY if direct	Other Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Poles and mo	in, TX, officeholder living	expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Poles and mo	in, TX, officeholder living	expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Poles and mo	in, TX, officeholder living	expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Check if Austi Office sought City; Description	in, TX, officeholder living	expense Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austi Office sought City; Description	in, TX, officeholder living	expense Office held Zip Code

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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim Scrivner

			1,253.	
5 Date 04/10/2022	6 Payee name Ed Valentine			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
1,253.01	14243 Proton Rd.	armers Branch	Texas	75244
TYPE OF EXPENDITURE	Political Non-	Political		
10	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF Expenditure	Advertising Expense	Campaign mail	lings	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name		· · · ·	
Date Amount (\$)	Payee name Payee address;	City;	State;	Zip Code
	Payee address;	City; Political	State;	Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee address;	Political	State;	Zip Code
Amount (\$) TYPE OF EXPENDITURE	Payee address; Political Non-	Political	State;	Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Non-	Politicat Description	State;	