

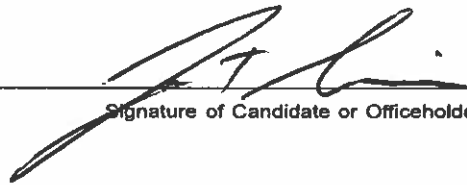


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

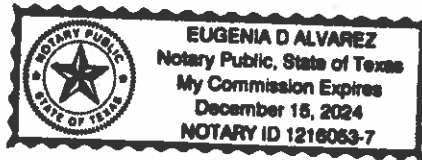
|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Jim Scrivner |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 100.00                                     |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 2,100.00                                   |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 2,000.00                                   |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James T. Scrivner this the 8 day of April, 2022, to certify which, witness my hand and seal of office.

Eugenia D. Alvarez      Eugenia D. Alvarez      HR Staffing Asst  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jim Scrivner

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |             |
|-----|--|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 100.00   |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                              | \$ 2,000.00 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$          |
| 6.  | <input checked="" type="checkbox"/> 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 FUNDS                        | \$          |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                             |  | 1 Total pages Schedule A1: <b>1</b>                |
| 2 FILER NAME<br><b>Jim Scrivner</b>   |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>04/06/2022</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jeff &amp; Linda Lee</b>                  | 7 Amount of contribution (\$)<br><br><b>100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>808 S Wildwood Irving TX 75060</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)                                 |  | 9 Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                        |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule E: <b>1</b>  |
| 2 FILER NAME<br><b>Jim Scrivner</b>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><b>03/16/2022</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Jim Scrivner</b> | 9 Loan Amount (\$)<br><b>2,000.00</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>400 Towne Cove Irving TX 75061</b>                | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                                 |   | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                 |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                       | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                          | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br><br>none  |   | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor   | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code  |   |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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)

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F2:<br>1                               | <b>2</b> FILER NAME<br>Jim Scrivner  | <b>3</b> Filer ID (Ethics Commission Filers)          |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | <b>\$ 1,659.47</b>                                    |
| <b>5</b> Date<br>04/01/2022  | <b>6</b> Payee name<br>FastSigns   |   |
| <b>7</b> Amount (\$)<br><b>1,659.47</b>                              | <b>8</b> Payee address;<br>4070 N Belt Line Rd. Ste. 118   | City; State; Zip Code<br>Irving Texas 75038           |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>Campaign signs and handouts |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                             |
| <b>Date</b>  | <b>Payee name</b>  |   |
| <b>Amount (\$)</b>   | <b>Payee address;</b>  | <b>City; State; Zip Code</b>                          |
| <b>TYPE OF EXPENDITURE</b>   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>                                    |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name  | Office sought Office held                             |

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