CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MRS)/ MR	JANEK	R	OFFICE USE ONLY
NAME.	NICKNAME	ROBERTSON	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	DOODLAND TRL	CITY: STATE; ZIP CODE	RECEIVED APR 2 6 2024
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	(MS / MRS (MR)	FIRST PAINAL	м 5	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	04/26/2024
		HOLZWORTH	t	04/26/2024
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S BOODLAND TRU		STATÉ; ZIP CODE
(Residence or Business)			*	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	4 /	4/2024	THROUGH 4	/24/2024
11 ELECTION	ELECTION DA	C Primary	ELECTION TYPE	
	Month Day	rear	Description	
	5/4/	2024 XI General	Special	
12 OFFICE	OFFICE HELD (if any)		TOWN COUNTY	n) CIL
14 NOTICE FROM POLITICAL	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 CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE RESIDENCE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	10.11 m	
_	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	73.5
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Forms provided by Texas Ethics Comm

FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

16 C/OH NAME	ROBERTSON	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0 -		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$-0-		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 512.94		
	4. TOTAL POLITICAL EXPENDITURES	\$ 512.94 \$ 512.94		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$		
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/SEA	L			
Sworn to and subscribed before me by this the day of 20, to certify which, witness my hand and seal of office.				
	The state of the s			
Signature of officer administr	Printed name of officer administering oath	Title of officer administering oath		
OR OR				
(2) Unsworn Declaration				
My name is JANET KOBERTSON and my date of birth is 11-13-1973 My address is 135 N WOODLAND TRC POURLE CAK TX 7507 DENTON				
My address is 135 N WOODLAND TRC POUBLE CAK TX 75077 DENTON (street) (city) (state) (zip code) (country) Executed in DENTON County, State of TCXAS on the 24 day of APRIL 20 24 (month) (year) Signature of Candidate/Officeholder (Declarant)				

s.sta

Reset Page

Reset Form

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 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 CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 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 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	19	20 The 15 (Ethics Cont.)				
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	11.	SCHEDULE I: NON-POLITICAL EXP	PENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
L TO FILER	12.	SCHEDULE K: INTEREST, CREDIT TO FILER	DITS, GAINS, REFUNDS, AND CONTRIBL	JTIONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Pood/Beverage	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense alaries/Wages/Contract Labor low to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	JANET ROBERTSON		3 Filer ID (Ethics Commission Filers)	
4 Date 4-10-24	WILD MANE PHOTOG	RAPHY		
6 Amount (\$) 512,94 Reimbursement from political contributions intended	WILD MANE PHOTOG 7 Payee address; 1418 SOUTH GIBBON	SRD City; BARTON	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description YARD 5	1915	
	(c) Check if travel outside of Texas. Complete Scheduk	T. Check if Austin	n, TX, officeholder living expense	
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description		
	Check if travel outside of Texas, Complete Schedule	T. 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	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEED	DED	



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

RECEIVED APR 2 6 200 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed O 4/26/3034 Date Imaged	Date Received	- Control of the Cont
Receipt # Amount \$ Date Processed 04/26/2024 Date Imaged	RECEIN	/ED APR 2 6 2024
Receipt # Amount \$ Date Processed 04/26/2024 Date Imaged	•	ered or Date Postmarked
04/26/2024 Date Imaged		Amount \$
04/26/2024	04/26 Date Imaged	12024

OFFICE USE ONLY

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
 contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the COH FWO NCE RPT report due on IARIL 26, 2124
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

/4\ A 851 day 14

anet Robertson

(1) Andayk	Jun		ure of Filer
NOTARY STAMP/SEAL		Oignati	ine of finer
Sworn to and subscribed before me by		this the	day of,
20, to certify which, witness my har			
Signature of officer administering oath	Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is JANET ROBERTSO	, and my date	of hirth is	
My address is 135 N WOOL AND (stree	STRL DOUBLE CHAN		75077 XENTEN (country)
Executed in YNTON County, Sta	ate of TEXAS on the 26 day	of APRIL (month)	(year) Filer (Declarant)
Bernard Communication Communic			(2 column)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER