CAMPAIG				
e C/OH Instruction C	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
ANDIDATE / FFICEHOLDER AME	MS / MRS / MR MR	FIRST STEPHEN	MI G	OFFICE USE ONLY
AME	NICKNAME GREG	JUBENVILLE	SUFFIX	Date Received
ANDIDATE / FFICEHOLDER AILING DDRESS Change of Address	3632 SMOC	M	CITY; STATE; ZIP CODE	NECEIVE
ANDIDATE/ FFICEHOLDER HONE	AREA CODE (972)	PHONE NUMBER 467-9412	EXTENSION	Date Hand-delivered or Date Postmarked
AMPAIGN REASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
AME	NICKNAME	LAST	R SUFFIX	Date Processed
		CARLIN	t'	Date (maged
AMPAIGN	OTTICET PRODUCES	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE: ZIP CODE
REASURER DDRESS Idence or Business) AMPAIGN REASURER	921 GRAPE	PHONE NUMBER	OSPER, TX 75078 EXTENSION -	AP
ODRESS Idence or Business)			EXTENSION -	15th day after campaign
ODRESS Idence or Business) AMPAIGN REASURER HONE	AREA CODE (972)	PHONE NUMBER 571-2543	EXTENSION - Runoff Exceeded Modified	ì
ODRESS Idence or Business) AMPAIGN REASURER HONE	AREA CODE (972) January 15	PHONE NUMBER 571-2543 30th day before e	EXTENSION -	15th day after campaign treasurer appointment (Officeholder Only)
DDRESS Idence or Business) AMPAIGN REASURER HONE EPORT TYPE	AREA CODE (972) January 15 July 15 Month	PHONE NUMBER 571-2543 30th day before e 8th day before ele Day Year 28 / 23	EXTENSION - Runoff Reporting Limit Month	15th day after campaign treasurer appointment (Officeholder Only) Finel Report (Attach C/OH - FR) Day Year
AMPAIGN REASURER HONE EPORT TYPE ERIOD OVERED	AREA CODE (972) January 15 July 15 Month BLECTION DA Month Day	PHONE NUMBER 571-2543 30th day before elements Bith day before elements Day Year 28 23 ATE Year Primary General	EXTENSION - Runoff Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special	15th day after campaign treasurer appointment (Officeholder Only) Finel Report (Attach C/OH - FR) Day Year 26 / 23
AMPAIGN REASURER HONE EPORT TYPE ERIOD OVERED EFICE OTICE FROM DLITICAL	AREA CODE (972) January 15 July 15 Month 3 ELECTION DA Month Day 5 6 OFFICE HELD (if any) This BOX IS FOR NOTHE CANDIDATE / OFFI	PHONE NUMBER 571-2543 30th day before elements of the second of the se	EXTENSION Runoff Exceeded Modified Reporting Limit Monun THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) PLANO ISD BOARI ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	15th day after campaign treasurer appointment (Officeholder Only) Finel Report (Attach C/OH - FR) Day Year 26 / 23
AMPAIGN REASURER HONE EPORT TYPE ERIOD OVERED EFICE OTICE FROM	AREA CODE (972) January 15 July 15 Month 3 ELECTION DA Month Day 5 6 OFFICE HELD (if any) This BOX IS FOR NOTHE CANDIDATE / OFFI	PHONE NUMBER 571-2543 30th day before elements of the second of the se	EXTENSION Runoff Exceeded Modified Reporting Limit Monun THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) PLANO ISD BOARI ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR) Day Year 26 / 23 D OF TRUSTEES PLACE 5
AMPAIGN REASURER HONE EPORT TYPE ERIOD OVERED EFICE OTICE FROM DLITICAL	AREA CODE (972) January 15 July 15 Month 3 ELECTION DA Month Day 5 6 OFFICE HELD (if any) This BOX is FOR NOTITHE CANDIDATE / OFFICE ONSENT. CANDIDATE	PHONE NUMBER 571-2543 30th day before elements of the second of the se	EXTENSION Runoff Exceeded Modified Reporting Limit Monun THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) PLANO ISD BOARI ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	15th day after campaign treasurer appointment (Officeholder Only) Finel Report (Attach C/OH - FR) Day Year 26 / 23 D OF TRUSTEES PLACE 5 ADE BY POLITICAL COMMITTEES TO SUPPORT VIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
DDRESS Idence or Business) AMPAIGN REASURER HONE EPORT TYPE ERIOD DVERED ECTION FFICE DTICE FROM DLITICAL DMMITTEE(S)	AREA CODE (972) January 15 July 15 Month 3 ELECTION DA Month Day 5 6 OFFICE HELD (if any) THIS BOX IS FOR NOTHE CANOIDATE / OFFICENSENT, CANDIDATE: COMMITTEE TYPE	PHONE NUMBER 571-2543 30th day before elements of the second of the se	EXTENSION Runoff Exceeded Modified Reporting Limit Monun THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (# known) PLANO ISD BOARI ACCEPTED OR POLITICAL EXPENDITURES MIN MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TO	15th day after campaign treasurer appointment (Officeholder Only) Finel Report (Attach C/OH - FR) Day Year 26 / 23 D OF TRUSTEES PLACE 5 ADE BY POLITICAL COMMITTEES TO SUPPORT VIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME STEPHEN "GREG" J	JUBENVILL	E	r.	16 Fi	ler ID (Et	hics Commission	on FHers)
17 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUAR. CONTRIBUTIONS MADE ELEC	ANTEES OF LOANS, O		\$	13	0.00
		OTAL POLITICAL CONTRI		OF LOANS)	\$	12,27	5.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$		
and the second second	4. 1	TOTAL POLITICAL EXPEND	OITURES		\$	14,80	1.39
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS	S OF THE LAST DAY	\$	5,25	3.15
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT O		LOANS AS OF THE	\$		
		Discourse	•	nature of Candidal	e or Offi	iceholder	
		Please comp	plete either opti		e or Offi	ceholder	
(1) Affidavit		Please comp	•		le or Offi	iceholder	
(1) Affidavit NOTARY STAMP/SE/	AL	Please comp	•		e or Offi	iceholder	
			•		i	of	
Sworn to and subscribed	d before me		•	ion below:	i		
NOTARY STAMP/SEA	d before me fy which, witne	byss my hand and seal of office.	•	ion below:	day		nistering oath
NOTARY STAMP/SEA	d before me fy which, witne	byss my hand and seal of office.	plete either opti	ion below:	day	/ of	nistering oath
NOTARY STAMP/SEA	d before me fywhich, witne stering oath	byss my hand and seal of office.	plete either opti	ion below:	day	/ of	nistering oath
NOTARY STAMP/SEA Sworn to and subscribed 20, to certife Signature of officer administ (2) Unsworn Declarate My name is STEPHEN	d before me fy which, witne itering oath tion	byss my hand and seal of office. Printed name of of	ficer administering oath	ion below:	day	/ of	nistering oath
NOTARY STAMP/SEA Sworn to and subscribed 20, to certification Signature of officer administration (2) Unsworn Declaration	d before me fy which, witne itering oath tion	byss my hand and seal of office. Printed name of of	ficer administering oath	this the	day	of officer admir	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	REG JUBENVILLE	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	Tons	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	101	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ 14,801.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	ITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	1	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	IAL FUNDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	TRIBUTIONS RETURNED	\$

The	instruction Guide explains how to complete this form	1 Total pages Schedule A1: 5
GREG JUB	ENVILLE	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor aut-of-state PAC*(ID#:	
3/27/2023	6 Contributor address; City; St 5819 RICHWATER DRIVE, DALLA	ate: Zip Code S, TX 75252 250.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (IDM:	Amount of contribution (\$)
03/28/2023	Contributor address: City: Standard	000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor cut-of-state PAC (IDM:	Amount of contribution (\$)
03/30/2023		25.00 TX 75093
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (IDM:	Amount of contribution (\$)
04/01/2023		25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	÷	
		A.

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A1: 5
GREG JUE	BENVILLE	1	3 Filter ID (Ethics Commission Filters)
04/03/2023	SETH DELPH	-state PAC (IDM:)	7 Amount of contribution (\$)
74100/2020	6 Contributor address; City; 2525B SH 121, LEWIS		100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tione)
Date	Full name of contributor out-of-	-state PAC (IDW:)	Amount of contribution (\$)
04/03/2023	******************	******************************	1,000.00
	3412 TOWNBLUFF PL,	A CONTRACTOR OF THE PROPERTY O	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	West-Course and Course State of the Course Sta	state PAC (ID#:)	Amount of contribution (\$)
04/07/2023	BOB THURMAN	**************	100.00
	5912 VALLEYBROOK DR		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		-state PAC (IDM:)	Amount of contribution (\$)
04/13/2023	JENA MASQUELIER Contributor address; City;	State; Zip Code	E0 00
	3071 CAPE BUFFALO TRI	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1: 5
FILER NAME	ENVILLE	3 Filer ID (Ethics Commission Filers)
Date 14/15/2023 Principal occur	5 Full name of contributor out-of-state PAC (IDI GERMAINE PERRY 6 Contributor address; City; S 3113 COPPER CREEK DR, PLAN pation / Job title (See Instructions)	State: Zip Code NO TX 75075 50.00
Date	Full name of contributor out-of-state PAC (IDI	* Amount of contribution (\$)
4/16/2023	CHRISTOPHER CERVANTES Contributor address; City; 18208 PRESTON RD, DALLA	2,500.00 S TX 75252
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC;(ID	Amount of contribution (\$)
4/18/2023	Contributor address; City: 860 WILLOWGATE DR, PROSP	State; Zip Code 25.00 ER TX 75078
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/20/2023	***************************************	L TX 75087
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	1	
		The state of the s

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	5
2 FILER NAME GREG JUE	BENVILLE	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Full name of contributor out-of-state PAC (IDII:) JAMES YARBROUGH 6 Contributor address: City; State: Zip Code 2425 TROPHY DR, PLANO TX 75025	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date 04/24/2023	PENNA DEXTER Contributor address; City; State; Zip Code 3705 STONINGTON DR, PLANO TX 75093	Amount of contribution (\$) 250.00
Principal occup	estion / Job title (See Instructions) Employer (See Instru	ctions) !
Date 04/03/2023	Full name of contributor out-of-state PAGI(IDN:) JAMES DILLAVOU Contributor address; City; State; Zip Code 5904 JOHNS WOOD DR, PLANO TX 75093	Amount of contribution (\$) 500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	(dions)
Date 04/19/2023	Full name of contributor out-of-state PAC (IDIE) MICHAEL TERNER Contributor address; City; State; Zip Code 5328 ANNABEL LN, PLANO TX 75093	1,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
)4/19/2023	5 Full name of contributor WAYNE RICHARD 6 Contributor address; City; State; Zip Code 5108 CORAL COVE CT, PLANO TX 75093	7 Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/24/2023	BRUCE CARLIN Contributor address; City; State; Zip Code 921 GRAPEVINE CT, PROSPER TX 75078	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/24/2023	Full name of contributor out-st-state PAC (ID#:) MONTGOMERY J BENNETT Contributor address; City; State; Zip Code 14185 DALLAS PKWY, STE 1100, DALLAS TX 75254	5,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	ii.
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)

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
Candidats/Officeholder/Political Committee

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

Loan Repsyment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Manas/Fontract Lebox Solicitation/Fundraleing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (extre a category not listed shows)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salarie	s/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how t	o complete this form.	
Total pages Schedule F1:	2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
Date 04/26/2023	5 Payee name STIRPE		,
Amount (\$)	7 Payee address;	City;	State; Zip Code
149.94	354 OYSTER POINT BLVD SOUTI	H, SAN FRANCIS	CO, CA 94080
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	FEES	PROCESSING	FEE
OF EXPENDITURE			- 1
	(C) 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/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/06/2023	CAMPAIGN PARTNER		
Amount (\$)	Payee address;	City;	State; Zip Code
29.00	PO BOX 118, STILL RIVER, MA 01	1467	1
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEBSITE	1
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot		Office sought	Office held
Date	Payes name		
Date	Payee name		
04/13/2023	CCCR		JL.
Amount (\$)	Payee address;	City;	State; Zip Code
,000.00	2963 W 15TH ST, STE 2981, PLAN	IO, TX 75075	
	Category (See Categories listed at the top of this schedule)	Description	*
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	AD	i
	Check if traivel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living axpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	GREG JUBENVILLE	PISD BOARD OF TRUSTESS F	PLACE 5
Transaction of the last of the	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED
	Carrier of the control of the contro		

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 Gitt/Awards/Memorials Expense Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Conferences and listed observer.

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ng Expense es/Wages/Contract Lebor to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Payee name AXIOM		
4,886.00	7 Payee address; 1001 CONGRESS AVE. STE 100,	City: AUSTIN, TX 787	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this lichedule ADVERTISING EXPENSE	MARKETING	MATERIALS
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Taxas. Complete Schildule Candidate / Officeholder name	Check if Aust Office sought	Office held
Date 04/17/2023	Payee name THE PRESS GROUP		1
Amount (\$) 899.02	Payee address; 4620 PENBROOK CT, PLANO, TX	City: X 75024	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schildule ADVERTISING EXPENSE		MAŢERIALS
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/18/2023	Payee name WALMART		1
4.29	Payee address; 115 W FM 544, MURPHY, TX 570	City:	Starte; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories flated at the top of this schedule ADVERTISING EXPENSE	MARKETING	MATERIALS
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name GREG JUBENVILLE	Office sought PISD BOARD OF TRUSTESS	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT	include t	this page in the re	eport.	
	EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constions Made E Candidate/Officeholder/Politic Credit Card Payment		Office Ove Polling Ex Printing Ex Seleries/M	kpense Vages/Contract Lebor	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME GREG JUBENVILLE			Y	cs Commission Filers)
4 Date 04/25/2023	5 Payee name EDGERTON STRATEGY	14		v	
6 Amount (\$) 2,136.50	7 Payee address; 1540 KELLER PKWY, #108-	402, KE	city: LLER, TX 7624	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the ADVERTISING EXPENSE	is schedule)	(b) Description MARKETING	MATERIALS	
9 Complete QNLY if direct	(c) Check if travel outside of Texas, Complete Candidate / Officeholder name	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense Office held
expenditure to benefit C/Oi	H				
Date	Payee name			1	
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule)	Description	1	
	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expanditure to benefit C/OH	Candidate / Officeholder name		Office sought	1	Office held
Date	Payee name	i.		1	· ·
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	achedule)	Description	T.	
	Check if travel outside of Texas, Complete 5	Schedule T.	Check if Austin	n, TX, afficeholder living	у ехрепае
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	3	Office sought	1	Office held

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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundmising Expense Advertising Expense Event Expense Transportation Equipme Travel in District Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wisges/Contract Labor Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: **GREG JUBENVILLE** 5 Payee name 4 Date **EDGERTON STRATAGY** 04/20/2023 Zip Code State: 7 Payee address; City: 6 Amount (\$) 1540 KELLER PKWY, #108-402, KELLER, TX 76248 300.00 (b) Description (a) Category (See Categories listed at the top of this schedule) CONSULTING **PURPOSE** CONSULTING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH **GREG JUBENVILLE** PISD BOARD OF TRUSTEE PLACE 5 Payee name AXIOM 04/20/2023 City; State: Zip Code Payee address; Amount (\$) 4.886.00 1001 CONGRESS AVE, STE 100, AUSTIN, TX 78701 Description Category (See Categories listed at the top of this schedule) MARKETING MATERIALS **PURPOSE** ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/20/2023 JAN LOHMANN Zip Code Amount (\$) Payee address; City: State; 2709 BENGAL LN, PLANO, TX 75023 510.64 Category (See Categories listed at the top of this schedule) Description PURPOSE MARKETING MATERIALS ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED