

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filer)

2 Total pages filed: **12**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

STEPHEN

G

NICKNAME

LAST

SUFFIX

GREG

JUBENVILLE

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

3632 SMOOTHSTONE DRIVE, PLANO, TX 75074

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

467-9412

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

BRUCE

R

NICKNAME

LAST

SUFFIX

CARLIN

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

921 GRAPEVINE COURT, PROSPER, TX 75078

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

571-2543

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

3

28

23

THROUGH

Month

Day

Year

4

26

23

11 ELECTION

ELECTION DATE

Month

Day

Year

5

6

23

Primary

Runoff

ELECTION TYPE

Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

PLANO ISD BOARD OF TRUSTEES PLACE 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

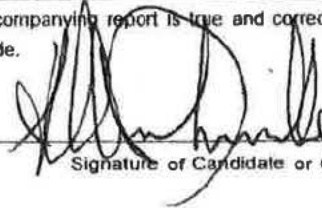
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
STEPHEN "GREG" JUBENVILLE

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)	\$ 130.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,801.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,253.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is STEPHEN GREGORY JUBENVILLE, and my date of birth is                     

My address is 3632 SMOOTHSTONE DRIVE, PLANO, TX, 75074, COLLIN

(street)

(city)

(state)

(zip code)

(country)

Executed in COLLIN County, State of TX, on the 26 day of APRIL, 2023

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****GREG JUBENVILLE****20 Filer ID (Ethics Commission 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 CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,801.39
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 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: 5
2 FILER NAME GREG JUBENVILLE		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Full name of contributor out-of-state PAC (ID#: RANDY POTTS 6 Contributor address; City; State; Zip Code 5819 RICHWATER DRIVE, DALLAS, TX 75252	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: CHRIS KERR Contributor address; City; State; Zip Code 3624 WYETH DR, PLANO TX 75023	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: CAROL LISOOK Contributor address; City; State; Zip Code 5017 TRAIL LAKE DR, PLANO TX 75093	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: MICHAEL TERNER Contributor address; City; State; Zip Code 5328 ANNABEL LN, PLANO TX 75093	Amount of contribution (\$) 25.00
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.		

**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>5</b>
2 FILER NAME <b>GREG JUBENVILLE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/03/2023</b>	5 Full name of contributor out-of-state PAC (ID#: <b>SETH DELPH</b> 6 Contributor address; City; State; Zip Code <b>2525B SH 121, LEWISVILLE TX 75056</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/03/2023</b>	Full name of contributor out-of-state PAC (ID#: <b>ELLEN LEYRER</b> Contributor address; City; State; Zip Code <b>3412 TOWNBLUFF PL, PLANO TX 75023</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/07/2023</b>	Full name of contributor out-of-state PAC (ID#: <b>BOB THURMAN</b> Contributor address; City; State; Zip Code <b>5912 VALLEYBROOK DR, PLANO TX 75093</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: <b>JENA MASQUELIER</b> Contributor address; City; State; Zip Code <b>3071 CAPE BUFFALO TRL, FRISCO TX 75034</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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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 Date

04/15/2023

5 Full name of contributor

GERMAINE PERRY

out-of-state PAC (ID#)

6 Contributor address;

City;

State; Zip Code

3113 COPPER CREEK DR, PLANO TX 75075

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/16/2023

Full name of contributor

CHRISTOPHER CERVANTES

out-of-state PAC (ID#)

Contributor address;

City;

State; Zip Code

18208 PRESTON RD, DALLAS TX 75252

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Full name of contributor

DAVID STERMER

out-of-state PAC (ID#)

Contributor address;

City;

State; Zip Code

860 WILLOWGATE DR, PROSPER TX 75078

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2023

Full name of contributor

TINA MILLICAN

out-of-state PAC (ID#)

Contributor address;

City;

State; Zip Code

1110 ASPEN CT, ROCKWALL TX 75087

Amount of contribution (\$)

100.00

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.

**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>5</b>
2 FILER NAME <b>GREG JUBENVILLE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/21/2023</b>	5 Full name of contributor <b>JAMES YARBROUGH</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>2425 TROPHY DR, PLANO TX 75025</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/24/2023</b>	Full name of contributor <b>PENNA DEXTER</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>3705 STONINGTON DR, PLANO TX 75093</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/03/2023</b>	Full name of contributor <b>JAMES DILLAVOU</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>5904 JOHNS WOOD DR, PLANO TX 75093</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2023</b>	Full name of contributor <b>MICHAEL TERNER</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>5328 ANNABEL LN, PLANO TX 75093</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**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>5</b>
2 FILER NAME <b>GREG JUBENVILLE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2023</b>	5 Full name of contributor <b>WAYNE RICHARD</b> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <b>5108 CORAL COVE CT, PLANO TX 75093</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/24/2023</b>	Full name of contributor <b>BRUCE CARLIN</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>921 GRAPEVINE CT, PROSPER TX 75078</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/24/2023</b>	Full name of contributor <b>MONTGOMERY J BENNETT</b> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <b>14185 DALLAS PKWY, STE 1100, DALLAS TX 75254</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>GREG JUBENVILLE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/26/2023</b>		5 Payee name <b>STIRPE</b>			
6 Amount (\$) <b>149.94</b>		7 Payee address; City; State; Zip Code <b>354 OYSTER POINT BLVD SOUTH, SAN FRANCISCO, CA 94080</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <b>PROCESSING FEE</b>	
		(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/06/2023</b>		Payee name <b>CAMPAIGN PARTNER</b>			
Amount (\$) <b>29.00</b>		Payee address; City; State; Zip Code <b>PO BOX 118, STILL RIVER, MA 01467</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>WEBSITE</b>	
		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	
Date <b>04/13/2023</b>		Payee name <b>CCCR</b>			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code <b>2963 W 15TH ST, STE 2981, PLANO, TX 75075</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>AD</b>	
		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 <b>GREG JUBENVILLE</b>		Office sought <b>PISD BOARD OF TRUSTEES PLACE 5</b> Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>GREG JUBENVILLE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/13/2023</b>		5 Payee name <b>AXIOM</b>			
6 Amount (\$) <b>4,886.00</b>		7 Payee address; City; State; Zip Code <b>1001 CONGRESS AVE. STE 100, AUSTIN, TX 78701</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>MARKETING MATERIALS</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>04/17/2023</b>		Payee name <b>THE PRESS GROUP</b>			
Amount (\$) <b>899.02</b>		Payee address; City; State; Zip Code <b>4620 PENBROOK CT, PLANO, TX 75024</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>MARKETING MATERIALS</b>		
	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 Office sought Office held					
Date <b>04/18/2023</b>		Payee name <b>WALMART</b>			
Amount (\$) <b>4.29</b>		Payee address; City; State; Zip Code <b>115 W FM 544, MURPHY, TX 57094</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>MARKETING MATERIALS</b>		
	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 Office sought Office held <b>GREG JUBENVILLE</b> <b>PISD BOARD OF TRUSTESS PLACE 5</b>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solidation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:  <div style="text-align: center; font-size: 2em;">4</div>	<b>2</b> FILER NAME GREG JUBENVILLE	<b>3</b> Filer ID (Ethics Commission Filers)																																																				
<b>4</b> Date 04/25/2023	<b>5</b> Payee name EDGERTON STRATEGY																																																					
<b>6</b> Amount (\$)  <div style="font-size: 1.5em;">2,136.50</div>	<b>7</b> Payee address; City; State; Zip Code 1540 KELLER PKWY, #108-402, KELLER, TX 76248																																																					
<b>8</b>  PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)                       ADVERTISING EXPENSE                 </td> <td style="width: 50%; vertical-align: top;"> <b>(b)</b> Description                       MARKETING MATERIALS                 </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> </td> </tr> </table>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	<b>(b)</b> Description  MARKETING MATERIALS	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>																																																	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>		<b>2</b> FILER NAME <b>GREG JUBENVILLE</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>04/20/2023</b>		<b>5</b> Payee name <b>EDGERTON STRATAGY</b>			
<b>6</b> Amount (\$) <b>300.00</b>		<b>7</b> Payee address; <b>1540 KELLER PKWY, #108-402, KELLER, TX 76248</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		<b>(b)</b> Description <b>CONSULTING</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GREG JUBENVILLE</b>		Office sought <b>PISD BOARD OF TRUSTEE PLACE 5</b>	Office held
<b>Date</b> <b>04/20/2023</b>		<b>Payee name</b> <b>AXIOM</b>			
<b>Amount (\$)</b> <b>4,886.00</b>		<b>Payee address;</b> <b>1001 CONGRESS AVE, STE 100, AUSTIN, TX 78701</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>Description</b> <b>MARKETING MATERIALS</b>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <b>04/20/2023</b>		<b>Payee name</b> <b>JAN LOHMANN</b>			
<b>Amount (\$)</b> <b>510.64</b>		<b>Payee address;</b> <b>2709 BENGAL LN, PLANO, TX 75023</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>Description</b> <b>MARKETING MATERIALS</b>		
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