

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 Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR FIRST John MI
NICKNAME LAST Redmond SUFFIX A.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST Chris MI
NICKNAME LAST Hicks SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10300 Fire Lodge Weswo TX 75033

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(310) ~~697-3073~~ 722-7441

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 THROUGH Month Day Year
/ / 4 / 4 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council / Prec 3 - Weswo, TX

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

OFFICE USE ONLY

Date Received

RECEIVED

APR 04 2024
1:16 P.M. A.C.
City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>John Redmon (Redmon 4 Ficus)</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3272.30</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2994.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>278.02</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

[Handwritten Signature]
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 John Alan Redmond Jr. and my date of birth is [Redacted]
My address is [Redacted], [Redacted], [Redacted], [Redacted]
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 4th day of April, 2024
(month) (year)

[Handwritten Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

John Leominis (Leominis & Kinsw)

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3272.30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1000-
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2594.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 4
2 FILER NAME John Kroon (Kroon & Kew)		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/24	5 Full name of contributor Christian Lopez out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500 -
6 Contributor address; City; State; Zip Code 5199 Skillman Pkwy Reno TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/24	Full name of contributor Michelle Mitchell out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500 -
Contributor address; City; State; Zip Code 6050 Chamberlyne Dr. Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/24	Full name of contributor Sharon Medina out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150 -
Contributor address; City; State; Zip Code 3446 Hickory Grove Ln Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/24	Full name of contributor Jim Ross out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250 -
Contributor address; City; State; Zip Code 4050 Rosary Fork Ln Frisco TX 75033		
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: **(24)**

2 FILER NAME

John Gannon (Gannon 9 6156)

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/24

5 Full name of contributor

Mark Mathison

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250 -

6 Contributor address;

1508 Passion-Place Rd

City;

Ken

State;

TX

Zip Code

75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/24

Full name of contributor

Patrick Wambolt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

138.38

Contributor address;

1136 Churchill Rd

City;

Ken

State;

TX

Zip Code

75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/24

Full name of contributor

Darin Jinks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

99 -

Contributor address;

11144 Ninogumeeh.

City;

Ken

State;

TX

Zip Code

75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/24

Full name of contributor

Matt Gunkins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

400 -

Contributor address;

1717 Shepherd Rd

City;

Ken

State;

TX

Zip Code

75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **(34)**

2 FILER NAME

John Kropps (Kropps 4 Pgs)

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/24

5 Full name of contributor

Stacy Brianx

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$) **200 -**

6 Contributor address;

15889 Plant Leaf Rd Frisco TX 75033

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/22/24

Full name of contributor

Glyn King

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **100 -**

Contributor address;

4285 Glenhurst Ln Frisco TX 75033

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/24

Full name of contributor

Tom Koetzny

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **200 -**

Contributor address;

15621 Cherry Blossom Frisco TX 75033

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/24

Full name of contributor

Paul Polkoff

out-of-state PAC (ID#: _____)

Amount of contribution (\$) **35 -**

Contributor address;

7114 Rustin Circle Frisco TX 75034

City; State; Zip Code

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: **(4/4)**

2 FILER NAME

John Kromm (Kromm & Crew)

3 Filer ID (Ethics Commission Filers)

4 Date

3/01/24

5 Full name of contributor

Delean English

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

280 -

6 Contributor address;

1441 Thornhill Ln

City;

Little Elm

State;

TX

Zip Code

75068

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/07/24

Full name of contributor

Joe Lombardi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200 -

Contributor address;

2191 Sandy Creek Dr.

City;

Irving

State;

TX

Zip Code

75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: <u>1</u>	
2 FILER NAME <u>John Rommo (Rommo 4 Feisw)</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <u>3/24/24</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Longton</u>	8 Amount of Pledge \$ <u>LOW -</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John Leonard (Leonard y Krisw)	3 Filer ID (Ethics Commission Filers)
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4 Date 3/2/24	5 Payee name fedEx Office
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6 Amount (\$) 70.35	7 Payee address; 5062 Main St.	City; Krisw	State; TX	Zip Code 75033
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postcard (map)
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Leonard	Office sought Krisw City Council Place 3	Office held
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Date 3/4/24	Payee name QR.io
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Amount (\$) 70-	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description QR code (analytics)
	(c) 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 John Leonard	Office sought Krisw City Council Place 3	Office held
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Date 3/24/24	Payee name Mainstay Postal
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Amount (\$) 595-	Payee address; 5717 Legan Dr.	City; Plano	State; TX	Zip Code 75024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Podcast / video edit
	(c) 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 John Leonard	Office sought Krisw City Council Place 3	Office held
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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: John Kropp (Kropp 4 Crew)	3 Filer ID (Ethics Commission Filers)
4 Date: 4/1/24	5 Payee name: Event - Venue Villa	
6 Amount (\$): 300-	7 Payee address; City; State; Zip Code: 7511 Main St. Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: Venue location rental
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: John Kropp	Office sought: Frisco by level three
Date: 4/3/24	Payee name: Synorama	
Amount (\$): 1759.06	Payee address; City; State; Zip Code: 9410 Dallas Pkwy, Ste 160 Frisco TX 75033	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description: Synorama (4x4, yard signs)
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 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:	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description:
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name:	Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED