

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

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #:

CITY:

STATE:

ZIP CODE

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 election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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 Raymond (Raymond & Faisa)</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.

[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 Raymond Jr. and my date of birth is [Redacted]
My address is [Redacted] (street) [Redacted] (city) [Redacted] (state) [Redacted] (zip code) [Redacted] (country)
Executed in Denton County, State of Texas, on the 4th day of April, 2024
Signature of Candidate/Officeholder (Declarant) [Signature]

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

John Loomis (Loomis & 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 Brommo (Brommo & 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;

5199 Skillman Trail

City;

El Paso

State;

TX

Zip Code

79034

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;

6050 Chamberlyne Dr.

City;

El Paso

State;

TX

Zip Code

79034

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;

3446 Hickory Grove Ln

City;

El Paso

State;

TX

Zip Code

79033

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;

4050 Rosary Fork Ln

City;

El Paso

State;

TX

Zip Code

79033

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 (Lepmann 9 Gannon)

3 Filer ID (Ethics Commission Filers)

4 Date 3/24/24

5 Full name of contributor Mark Matheson out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1508 Rossin Place SE Kennesaw GA 30144

250 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 3/23/24

Full name of contributor Patrick Wankhoff out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1136 Churchill Rd Kennesaw GA 30144

138.38

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/23/24

Full name of contributor Aaron Jinks out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code
11144 Wingo Drive Kennesaw GA 30144

99 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/23/24

Full name of contributor Matt Gannon out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1717 Shepherd Rd Kennesaw GA 30144

400 -

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 Brown (Brown & Brown)

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/24

5 Full name of contributor

Stacy Brown

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 Kozlony

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 Rickett

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 Bromm (Bromm & 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

75066

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;

291 Sandy Creek Dr.

City;

Row

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.

PLEDGED 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 Filer)</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> 7 Pledgor address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	8 Amount of Pledge \$ <u>low -</u>	9 In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <small>Check if travel outside of Texas. Complete Schedule T.</small>
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.			

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: 2	2 FILER NAME John Leomann (Leomann & Krieger)	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/24	5 Payee name fedEx Office	
6 Amount (\$) 70.35	7 Payee address; 5062 Main St.	City; State; Zip Code Krisw TX 78033
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Reimbursement (FedEx)
	(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 Leomann	Office sought Krisw City Council Place 3
Date 3/4/24	Payee name QR.io	
Amount (\$) 70-	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description QR code (Analytics)
	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 Leomann	Office sought Krisw City Council Place 3
Date 3/24/24	Payee name Main Street Postal	
Amount (\$) 595-	Payee address;	City; State; Zip Code Plano TX 75024
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Podcast / video editing
	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 Leomann	Office sought Krisw City Council Place 3

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 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:	2 FILER NAME <u>John Kroome (Kroome 4 Grov)</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/1/24</u>	5 Payee name <u>Eventi - Venue Villa</u>		
6 Amount (\$) <u>300-</u>	7 Payee address;	City;	State; Zip Code
	<u>7511 Main St.</u>	<u>Frisco</u>	<u>TX 75034</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	<u>Event Expense</u>		<u>Venue location rental</u>
(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 <u>John Kroome</u> Office sought <u>Frisco by local phone</u> Office held		
Date <u>4/3/24</u>	Payee name <u>Symorana A</u>		
Amount (\$) <u>1759.06</u>	Payee address;	City;	State; Zip Code
	<u>9410 Dallas Pkwy, Ste 160</u>	<u>Frisco</u>	<u>TX 75033</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<u>Advertising</u>		<u>Symorana (4x4, yard signs)</u>
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		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED