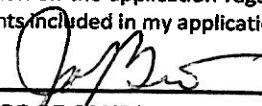

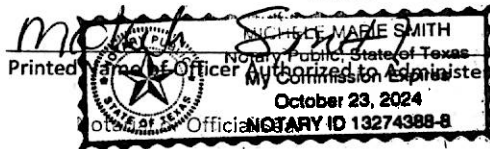
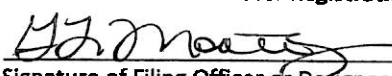


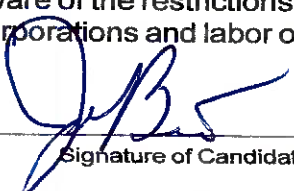
APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of applicati

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT	
TO: City Secretary/Secretary of Board (name of election)	
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.	
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Board of Trustee, Place 4	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
FULL NAME (First, Middle, Last) John Michael Birt	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* John Birt
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 1314 McEntire Ct.	PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)
CITY Keller	STATE TX
ZIP 76248	CITY
STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) birt4kisd@gmail.com	OCCUPATION (Do not leave blank) VP Global Logistics/Retired
DATE OF BIRTH	VOTER REGISTRATION VOID NUMBER² (Optional) 1045581101
TELEPHONE CONTACT INFORMATION (Optional)	
Home: -	Office: Cell: (817) 602-9310
FELONY CONVICTION STATUS (You MUST check one)	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³	IN THE STATE OF TEXAS 21 year(s) _____ month(s)
	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 21 year(s) _____ month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.	
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>John M. Birt</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>John M. Birt</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board of Trustees, Place 4</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."	
X <u></u> SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me this the <u>26th</u> day of <u>JANUARY</u> , <u>2023</u> , by <u>John M. Birt</u> (name of candidate)	
<u></u> Signature of Officer Authorized to Administer Oath ⁴	<u></u> Printed Name of Officer Authorized to Administer Oath
<u>HR Specialist</u> Title of Officer Authorized to Administer Oath	
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified	
<u>1/26/2023</u> <u>1/27/2023</u> (See Section 1.007) Date Received <u>9:32 AM</u> Date Accepted	<u></u> Signature of Filing Officer or Designee

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed: <u>1</u>	
2 CANDIDATE NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <u>John</u>	MI <u>M.</u>
	NICKNAME	LAST <u>BIRT</u>	SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1314 M'ENTIRE CT. Keller, TX 76248</u>		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(817) 602 9310</u>		
5 OFFICE HELD (if any)			
6 OFFICE SOUGHT (if known)	<u>Keller Independent School District BOARD OF TRUSTEES</u>		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="radio"/>	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<u>MARILYN Z.</u>	<u>BIRT</u>
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>1314 M'ENTIRE CT. Keller, Tx. 76248</u>		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(817)</u>	<u>741</u>	<u>0826</u>
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;"><u></u> Signature of Candidate</p> <p style="text-align: right;"><u>1/2/2023</u> Date Signed</p>		

GO TO PAGE 2

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

1 CANDIDATE NAME <i>John Birt</i>	2 FILER ID#	3 Total pages filed: <i>1</i>
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See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>John</i>	MI <i>M.</i>	OFFICE USE ONLY	
	NICKNAME <i>BIRT</i>		LAST <i>BIRT</i>			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX; <i>1314 MCEINTIRE CT.</i>	APT / SUITE #;	CITY; <i>Keller TX</i>	STATE;	ZIP CODE <i>76248</i>
	Date Hand-delivered or Postmarked					
6 CANDIDATE PHONE	NEW	AREA CODE <i>(817)</i>	PHONE NUMBER <i>602</i>	EXTENSION <i>9310</i>		
	Receipt #					
Date Processed						
Date Imaged						

7 OFFICE HELD (if any)	NEW	
------------------------	-----	--

8 OFFICE SOUGHT (if known)	NEW	<i>Keller Independent School District Board of Trustees, Place 4</i>
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Marilyn Z.</i>	MI	NICKNAME	LAST <i>BIRT</i>	SUFFIX

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE); <i>1314 MCEINTIRE CT.</i>	APT / SUITE #;	CITY; <i>Keller</i>	STATE; <i>TX</i>	ZIP CODE <i>76248</i>

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE <i>(817)</i>	PHONE NUMBER <i>741</i>	EXTENSION <i>0826</i>

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>					
	<p><i>[Signature]</i></p> <p>Signature of Candidate</p>			<p><i>1/25/2023</i></p> <p>Date Signed</p>		

GO TO PAGE 2

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: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>John</u> MI <u>M</u> NICKNAME LAST <u>Birt</u> SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>1314 McEntire Ct</u> <u>Keller</u> <u>Tx</u> <u>76248</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>602-9310</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST <u>Marilyn</u> MI <u>Z</u> NICKNAME LAST <u>Birt</u> SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <u>1314 McEntire Ct</u> <u>Keller</u> <u>Tx</u> <u>76248</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>741-0826</u>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1</u> / <u>2</u> / <u>2023</u> <u>3</u> / <u>27</u> / <u>2023</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5</u> / <u>6</u> / <u>2023</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Keller ISD Board of Trustees Place 4</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME John M Birt 16 Filer ID (Ethics Commission Filers)

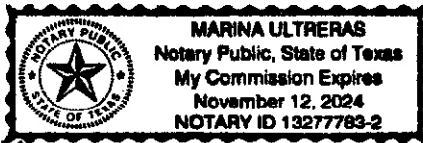
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>17995.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7865.50</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10129.50</u>
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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John M. Birt this the 3rd day of April, 2023, to certify which, witness my hand and seal of office.

Marina Ultreras Signature of officer administering oath
Marina Ultreras Printed name of officer administering oath
HR Specialist Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>John M Birt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>17995.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7865.⁵⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John and Marilyn Birt	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1314 McEntire Ct Keller Tx 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon/Sabrina Dobberly	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2119 Alma Dr Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug Hines	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1241 Village Trail Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katie/Ross McMullin	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 35 Woodland Trail Keller Tx 76248		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sabrina/Shannon Dubberly	7 Amount of contribution (\$) \$ 150.⁰⁰
6 Contributor address; City; State; Zip Code 2119 Alma Dr Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris/Kathy May	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 1846 Pearson Crossing Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Booher	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 5232 Bellis Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian King	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 6300 Kary Lynn Watauga TX 76148		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Frazier Johnson 6 Contributor address; City; State; Zip Code 1467 Grape Arbor Ct Keller Tx 76262	7 Amount of contribution (\$) \$100.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holly Rakovan Contributor address; City; State; Zip Code 11916 Lostwood Trail Ft. Worth Tx 76244	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beth Zipprich Contributor address; City; State; Zip Code 1205E Sandy Lake Rd #336 Coppell Tx 75019	Amount of contribution (\$) \$1000.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristen Brannon Contributor address; City; State; Zip Code 8328 Park Brook DR North Richland Hills TX 76182	Amount of contribution (\$) \$20.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Groene	7 Amount of contribution (\$) \$100.⁰⁰
6 Contributor address; City; State; Zip Code 10317 Grayhawk Lane Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug Stamps	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 512 Spicewood Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Pierce	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 1804 Meadowlark Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chuck/Kathleen Primen	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City; State; Zip Code 1509 Grestwood Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davin Lobato	7 Amount of contribution (\$) \$ 50.⁰⁰
6 Contributor address; City: State: Zip Code 6824 San Luis Trail Ft Worth TX 76131		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan De Winter	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City: State: Zip Code 523 Edgebrook Ave Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich/Andrea Stoller	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City: State: Zip Code 605 Keller Smithfield Rd Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan De Winter	Amount of contribution (\$) \$200.⁰⁰
Contributor address; City: State: Zip Code 523 Edgebrook DR Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armin / Kathleen Mizani	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 896 Randol Mill Rd Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alison McColl	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1315 McEntire Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent / Christine Malloy	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4916 Bob Wills Dr Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kris Kittle	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4817 Campfire Ct Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 16
2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Pape	7 Amount of contribution (\$) \$100. ⁰⁰
6 Contributor address; City; State; Zip Code 1312 McEntire Ct Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest/Linda Taylor	Amount of contribution (\$) \$200. ⁰⁰
Contributor address; City; State; Zip Code 1201 Boorland Rd Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles/Jennifer Randklev	Amount of contribution (\$) \$500. ⁰⁰
Contributor address; City; State; Zip Code 1925 Spring Dr Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg/Kathy Sudderth	Amount of contribution (\$) \$100. ⁰⁰
Contributor address; City; State; Zip Code 400 West View Dr Wimerly TX 78676		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1540 Keller Pkwy #101 Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dewald	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 208 Harper Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Kempka	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11501 Pheasant Creek Dr Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Meiggs	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1525 Spanish Bay Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Raffetto	7 Amount of contribution (\$) \$500. ⁰⁰
6 Contributor address; City; State; Zip Code 1809 Queensbridge Ln Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Cobb	Amount of contribution (\$) \$5000. ⁰⁰
Contributor address; City; State; Zip Code 707 WLD Lockett Rd Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray/Norma Griffith	Amount of contribution (\$) \$350. ⁰⁰
Contributor address; City; State; Zip Code 313 Parkview Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon/Sabrina Dobberly	Amount of contribution (\$) \$25. ⁰⁰
Contributor address; City; State; Zip Code 2119 Alma Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 16
2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Lin	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 1803 Mason Court Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Swisher	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1504 Spanish Bay Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Matchett	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1343 Asher Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Chambers	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1513 Newton Ranch Rd Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith/Dianne Pearson	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1620 Village Trail Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregor/Catherine Drahms	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 508 Charrington Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas/Bettie Taylor	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4024 Vernon Way Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared McDuff	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2990 Keller Hicks Rd Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri / James McDuff	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8262 Quachita Crossover Ft. Worth TX 76137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Mueller	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8509 Stetson Dr Keller Tx 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Conrad	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1501 Stanton Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyndi Lawson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 321 Glen Hollow Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darcie Knight	7 Amount of contribution (\$) \$25.⁰⁰
6 Contributor address; City; State; Zip Code 1216 Crossbridge Ln Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Sorrells	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City; State; Zip Code 8920 Martin DR Northland Hills TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David/Shauna Roffman	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 811 Sandy Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Matheidas	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 511 Ironwood DR Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory / Sandra Wurtele	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City; State; Zip Code 9937 Broiles Ln Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Harlan	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 1605 Forest Bend Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaley / Chris Stallaby	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 3824 Huckleberry Dr Ft. Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris / Jessica Zafiriou	Amount of contribution (\$) \$75.⁰⁰
Contributor address; City; State; Zip Code 9732 Sam Bass Trail Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AnneMarie / Mark Wynn	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 9324 Shields St FtWorth Tx 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynson / Kathleen Drennan	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 9736 Sam Bass Trail FtWorth Tx 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liza Sharkey	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Bennington Ln Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darren / Stacy hand	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1309 Chase Oaks Dr Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauren McNallen	7 Amount of contribution (\$) \$50.⁰⁰
6 Contributor address; City: State: Zip Code 9609 Brazendine Dr Ft Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Bagley	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City: State: Zip Code 3741 Ridgewood Dr Grand Prairie TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheila/Jeff Wilson	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City: State: Zip Code 2408 Watercrest Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/23	5 Payee name Cafe Republic	
6 Amount (\$) \$59.52	7 Payee address; City: State: Zip Code 8640 N Beach St Ft. Worth TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting to discuss campaign issues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/28/23	Payee name Wix.com	
Amount (\$) \$207.84	Payee address; City: State: Zip Code 500 Terry A Francois Blvd 6th floor San Francisco CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Services	Description Web Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/18/23	Payee name MS Marketing	
Amount (\$) \$3989.01	Payee address; City: State: Zip Code 310 N Main St, Suite E Keller TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description signs/pushcards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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 | 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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/23	5 Payee name Edgerton Strategies
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6 Amount (\$) \$2770.63	7 Payee address: 1540 Keller Pkwy #108-402	City: Keller	State: TX	Zip Code 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description consulting, voter contact services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date 3/22/23	Payee name Brother Recon
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Amount (\$) \$620.00	Payee address: 1846 Pearson Crossing	City: Keller	State: TX	Zip Code 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date 1-26-23 thru 3/27/23	Payee name Anedot
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Amount (\$) \$203.70	Payee address: 1340 Poydras Suite 1770	City: New Orleans	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation / fundraising fee	Description Processing fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
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4 Date 2/25/23 thru 3/25/23	5 Payee name RevV
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6 Amount (\$) \$14.80	7 Payee address: 1776 Wilson Blvd Suite 530	City: Arlington	State: VA	Zip Code 22209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising fee	(b) Description Processing fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST John	MI M
	NICKNAME	LAST Birt	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1314 McEntire Ct Keller TX 76248		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	602-9310	
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS / MR	FIRST Marilyn	MI Z
	NICKNAME	LAST Birt	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1314 McEntire Ct # Keller TX 76248		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	441-0826	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	3	28	2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 / 6 / 2023		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	None	Keller ISD Board of Trustees	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>John M Birt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13575.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16992.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Bache	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1116 Charleston Ct Keller Tx 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Robinson	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 13201 Palancar DR Ft. Worth Tx 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Schofield	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 232 Fox Trot DR Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie & Mike Meltrugh	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1526 Kingwood DR Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adolfo/Melissa Gonzalez	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 5372 Lake Chelen DR Ft Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Brantley	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4 Pine mont Place Lufkin TX 75904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Teuber	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1807 Mason Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Washington	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Po box 466 Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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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: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Binnie	7 Amount of contribution (\$) \$200.⁰⁰
6 Contributor address; City; State; Zip Code 908 Sandy Trail Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Kay Pierce	Amount of contribution (\$) \$1000.⁰⁰
Contributor address; City; State; Zip Code 5709 Braewood Ln Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Schauer	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 1017 Hardwick Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan DeWinter	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 523 Edgebrook Ave Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bache	7 Amount of contribution (\$) \$200.00
6 Contributor address; City: State: Zip Code 1116 Charleston Ct Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Colon	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code 1310 McEntire Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Gerda	Amount of contribution (\$) \$150.00
Contributor address; City: State: Zip Code 1485 So. Main St Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley/Chris Stallaby	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code 3824 Huckleberry Dr Ft Worth TX 76244		
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: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micah/Carol Young	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City; State; Zip Code 1521 Spanish Bay Dr Keller TX 46248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Alvarado	Amount of contribution (\$) \$200.⁰⁰
Contributor address; City; State; Zip Code 221 Redwood Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Will	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 329 Anita Ave Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tag Green	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 2123 Pine Ridge Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve White	7 Amount of contribution (\$) \$50.⁰⁰
6 Contributor address; City; State; Zip Code 400 Boardland Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Handkier	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 1925 Spring Dr Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Johnson	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code 1467 Grape Arbor Ct Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren/Stacy Land	Amount of contribution (\$) \$400.⁰⁰
Contributor address; City; State; Zip Code 1309 Chase Oaks Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John m Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris/Jessica Zafirioo	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 9732 Sam Bass Trl Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armin / Kathleen Mizani	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 896 Randol Mill Ave Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug/Bettie Taylor	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4024 Vernon Way Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Alexander	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2403 Watercrest Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina-Marie Womak	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4952 Bacon DR Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Hinds	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1241 Village Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Stamps	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 512 Spicewood Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalvin Koether	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1825 Sommer Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Suffredini	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 12514 Millscott DR Houston TX 77070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff/Becky Green	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1534 Southfork Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina-Marie Womak	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 4952 Bacon DR Ft Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Quinn	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2400 Watercrest DR Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Biat		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David/Kathryn Weed	7 Amount of contribution (\$) \$ 300.⁰⁰
6 Contributor address; City; State; Zip Code 14718 Hoya Ct Houston TX 77070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared McDuff	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 2990 Keller Hicks Rd Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri/James McDuff	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 8262 Quachita Crossover Ft Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila/Jeff Wilson	Amount of contribution (\$) \$ 300.⁰⁰
Contributor address; City; State; Zip Code 2408 Watercrest Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John/Pam Wolf	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 1521 Brentwood Trl. Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark/Anne Wynn	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 9324 Shields St Ft. Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck/Kathleen Primm	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1509 Crestwood Trl Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Fontenot	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 351 Park North Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Bouchebel	7 Amount of contribution (\$) \$300.⁰⁰
6 Contributor address; City; State; Zip Code 1540 Keller Pkwy #101 Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Hendricks	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 1534 Lakeview Dr Keller Tx 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Cobb	Amount of contribution (\$) \$3500.⁰⁰
Contributor address; City; State; Zip Code 707 W LD Lockett Rd Colleyville Tx 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Scherer	Amount of contribution (\$) \$45.⁰⁰
Contributor address; City; State; Zip Code 5113 Shelly Ray Rd Ft Worth Tx 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Scherer	7 Amount of contribution (\$) \$175.00
6 Contributor address; City; State; Zip Code 5113 Shelly Ray Rd Ft. Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Perkins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 16524 Cowboy Trl Ft. Worth TX 76247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Scott Jr	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 736 Hallelyah Trl Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry/Patricia Blackstock	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 409 Moonlight Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
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4 Date 3/29/23	5 Payee name ms Marketing
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6 Amount (\$) \$877.91	7 Payee address: 310 N Main St Suite E	City: Keller	State: TX	Zip Code 76248
----------------------------------	--	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description signs/push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/23	Payee name Edgerton Strategies
------------------------	--

Amount (\$) \$300.00	Payee address: 1540 Keller Pkwy #108-402	City: Keller	State: Tx	Zip Code 76248
--------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other/voter contact	Description campaign sidekick
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/23	Payee name ms Marketing
------------------------	-----------------------------------

Amount (\$) \$1067.36	Payee address: 310 N Main St Suite E	City: Keller	State: Tx	Zip Code 76248
---------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
---------------------------------	-----------------------------	---------------------------------------

4 Date 4/13/23	5 Payee name Edgerton Strategies
-------------------	-------------------------------------

6 Amount (\$) \$550.00	7 Payee address: 1340 Keller Pkwy #108-402	City: Keller Tx	State: TX	Zip Code 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description retainer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/23	Payee name Edgerton Strategies
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Amount (\$) \$13,230.00	Payee address: 1340 Keller Pkwy #108-402	City: Keller Tx	State: TX	Zip Code 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/23	Payee name MS Marketing
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Amount (\$) \$250.00	Payee address: 310 N Main St Suite E	City: Keller Tx	State: TX	Zip Code 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	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 | 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: 3	2 FILER NAME John M Birt	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/23	5 Payee name MS Marketing	
6 Amount (\$) \$433.⁰⁰	7 Payee address: City: State: Zip Code 310 N Main St Suite E Keller TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pushcard
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/28/23 - 4/26/23	Payee name Anedot	
Amount (\$) \$284.10	Payee address: City: State: Zip Code 1340 Poydras Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation / Fundraising fee	Description Processing fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

John M Birt

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

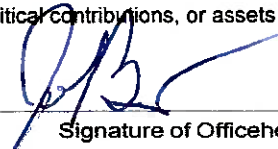
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: John MI: M NICKNAME: Birt LAST: Birt SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1314 McEntire Ct Keller TX 76248		
<input type="checkbox"/> Change of Address	Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 602-9310 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR FIRST: Marilyn MI: Z NICKNAME: Birt LAST: Birt SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1314 McEntire Ct Keller TX 76248		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 741-0826 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 27 / 2023 THROUGH 7 / 17 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees Place 4	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME John M Birt **16 Filer ID (Ethics Commission Filers)**

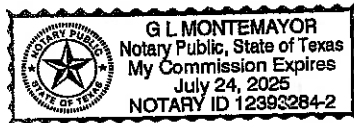
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 6885.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
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.

John M Birt
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Birt this the 17 day of July, 2023, to certify which, witness my hand and seal of office.

G L Montemayor G L Montemayor Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

John M Birt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ —
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6885.77</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

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: **3** 2 FILER NAME: **John M Birt** 3 Filer ID (Ethics Commission Filers)

4 Date: **4/27/23** 5 Payee name: **MS Marketing**

6 Amount (\$): **\$336.93** 7 Payee address: **310 N Main St Suite E** City: **Keller** State: **TX** Zip Code: **76248**

8 PURPOSE OF EXPENDITURE: (a) Category: **Printing Expense** (b) Description: **Push Cards**
 (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: **4/27/23** Payee name: **Edgerton Strategies**

Amount (\$): **\$2500.00** Payee address: **1540 Keller Pkwy #108-402** City: **Keller** State: **TX** Zip Code: **76248**

PURPOSE OF EXPENDITURE: Category: **other / voter contact** Description: **voter outreach**
 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: **5/4/23** Payee name: **Trader Joe's**

Amount (\$): **\$164.33** Payee address: **1492 E Southlake Blvd** City: **Southlake** State: **TX** Zip Code: **76092**

PURPOSE OF EXPENDITURE: Category: **Event Expense** Description: **Food / Beverage**
 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

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	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: <u>3</u>	2 FILER NAME <u>John M Birt</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/4/23</u>	5 Payee name <u>Walmart</u>	
6 Amount (\$) <u>\$92.81</u>	7 Payee address: City: State: Zip Code <u>9101 N Tarrant Pkwy North Richland Hills TX 76182</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description <u>Food/Beverage</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 <u>5/5/23</u>	Payee name <u>Sam's Club</u>	
Amount (\$) <u>\$86.76</u>	Payee address: City: State: Zip Code <u>201 Golden Triangle Blvd Keller TX 76248</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Food/Beverage</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 <u>5/6/23</u>	Payee name <u>The Hamburger Man Catering</u>	
Amount (\$) <u>\$1124.25</u>	Payee address: City: State: Zip Code <u>1803 Thomas Place Arlington TX 76010</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Food</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 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: 3		2 FILER NAME John M Birt		3 Filer ID (Ethics Commission Filers)	
4 Date 5/23/23		5 Payee name HUSH			
6 Amount (\$) \$50.00		7 Payee address: 211 South Main St		City: Keller	State: TX Zip Code: 76248
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Expense		(b) Description Food		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 7/11/23	Payee name Shannon Dubberly				
Amount (\$) \$575.00	Payee address: 2119 Alma DR		City: Keller	State: TX	Zip Code: 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 7/11/23	Payee name Thomas Cobb				
Amount (\$) \$1955.69	Payee address: 707 W LD Lockett Rd		City: Colleyville	State: TX	Zip Code: 76034
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other/campaign funds		Description Return of Campaign funds		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED