

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)
862140467

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Mrs.		Jacqueline		Date Received		
Reagan				1,625.00		
0.00						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE					
P.O. Box 1614 Fort Worth, TX 76244						
✓ Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
(817)		741-0712				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed		
Mr.		Adrian				
Reagan				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE					
9624 Bowman Drive Fort Worth, TX 76244						
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(817)		741-0712				
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	Month	Day	Year
1 / 1 / 21		THROUGH	3 / 31 / 21			
11 ELECTION	ELECTION DATE		ELECTION TYPE			
Month		Day	Year	Primary	Runoff	Other Description
5 / 1 / 21		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
		Keller ISD Board Trustee Place 7				
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.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

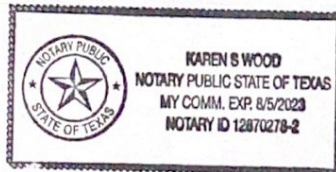
15 C/OH NAME Jacqueline Reagan		16 Filer ID (Ethics Commission Filers) 862140467
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,825.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 848.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 976.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Jacqueline Reagan
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jacqueline Reagan this the 5th day of APRIL, 2021, to certify which, witness my hand and seal of office.

Karen S Wood Karen S Wood 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
Jacqueline Reagan

20 Filer ID (Ethics Commission Filers)
862140467

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,825.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 848.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 70.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 4
2 FILER NAME Jacqueline Reagan		3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/15/2021	5 Full name of contributor Kelly Steele <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 3521 Varden St Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self Employed
Date 03/15/2021	Full name of contributor Corine Norton <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 1805 6th st Northlake, TX 76227		
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Bank of America
Date 03/15/2021	Full name of contributor Susan Patrick <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1613 Overlook Terrace Keller, TX 76262		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TCC
Date 03/15/2021	Full name of contributor Michael Dixon <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2200 N Pearson Ln Westlake, TX 76262		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 214 4
2 FILER NAME Jacqueline Reagan		3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/12/2021	5 Full name of contributor out-of-state PAC (ID# _____) Caroline Sherman	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 1304 Canterbury Lane Keller, TX 76248	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 03/14/2021	Full name of contributor out-of-state PAC (ID# _____) Lisa Efthymiou	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 616 San Clemente Drive Keller, TX 76248	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 03/14/2021	Full name of contributor out-of-state PAC (ID# _____) Kathy Hale	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 2144 Marsh Point Drive Frisco, TX 75036	
Principal occupation / Job title (See Instructions) Network Development		Employer (See Instructions) MultiPlan
Date 03/15/2021	Full name of contributor out-of-state PAC (ID# _____) Pamela Bridges	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 4013 Justin Drive Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
<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: 3/4 4
2 FILER NAME Jacqueline Reagan		3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/15/2021	5 Full name of contributor out-of-state PAC (ID# _____) Danielle Butler	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 2705 Hidden Meadow Dr Arlington, TX 76006	
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) USPS
Date 03/20/2021	Full name of contributor out-of-state PAC (ID# _____) Lovie Carnes	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 11100 Glass Canyon Court Keller TX 76244	
Principal occupation / Job title (See Instructions) Quality Control		Employer (See Instructions) FAA
Date 03/22/2021	Full name of contributor out-of-state PAC (ID# _____) Tujuana Giles	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2925 Hollow Valley Dr. Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Zurich
Date 03/29/2021	Full name of contributor out-of-state PAC (ID# _____) Jilian Boggs	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 10320 Grayhawk Ln. Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/4 4
2 FILER NAME Jacqueline Reagan		3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/30/2021	5 Full name of contributor Quinn DeChateauvieux out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 8208 Lost Maple Dr. NRH, TX 76180	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/29/2021	Full name of contributor Jacque Reagan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9624 Bowman Dr FTW TX 76244	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Health Insurance		Employer (See Instructions) Aetna
Date 03/31/2021	Full name of contributor Richard Gaca out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 724 Clifford Dr Keller TX 76248	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not Employed
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 1	2 FILER NAME Jacqueline Reagan	3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/29/2021	5 Payee name Image Plus Printing & Design	
6 Amount (\$) 790.23	7 Payee address; P.O. Box 8 Keller TX 76248 <div style="text-align: right; font-size: small;">City; State; Zip Code</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs and Banner
	(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 03/25/2021	Payee name VistaPrint		
Amount (\$) 58.13	Payee address; 275 Wyman St. <div style="text-align: right; font-size: small;">City; State; Zip Code</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Literature	
	<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; <div style="text-align: right; font-size: small;">City; State; Zip Code</div>		
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Jacqueline Reagan	3 Filer ID (Ethics Commission Filers) 862140467
4 Date 03/15/2021	5 Payee name Poligengine	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 621 NW 12TH AVE, GAINESVILLE, FL 32601 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Website
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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