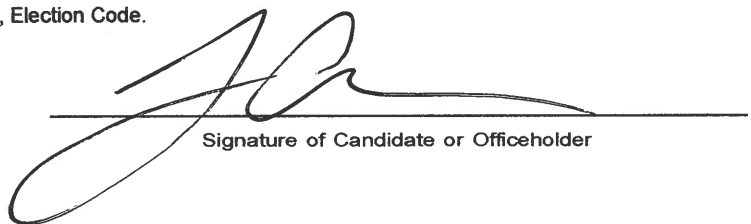


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jacob Anderson		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)	\$	4,342.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	1,062.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3,319.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

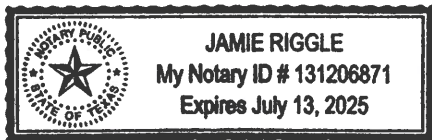
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jacob Anderson this the 28th day of April,

20 23, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Jamie Riggle
Printed name of officer administering oath

Asst to the Board
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 Jacob Anderson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,342.01
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,062.45
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jacob Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/23	5 Full name of contributor out-of-state PAC (ID#: _____) Daphney Poole <hr/> 6 Contributor address; City; State; Zip Code 3421 Camden Dr. Flower Mound, TX 75028	7 Amount of contribution (\$) \$24.43
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) LISD
Date 4/6/23	Full name of contributor out-of-state PAC (ID#: _____) Scott Godbey <hr/> Contributor address; City; State; Zip Code 230 Shady Hill Ln. Double Oak, TX 75077	Amount of contribution (\$) \$24.43
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 4/6/23	Full name of contributor out-of-state PAC (ID#: _____) Karen Tarrant <hr/> Contributor address; City; State; Zip Code 451 S Capitol, Canton, TX 75103	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 4/6/23	Full name of contributor out-of-state PAC (ID#: _____) Alexander Buck <hr/> Contributor address; City; State; Zip Code 806 Lake Breeze, Highland Village, 75077	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown

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: 3
2 FILER NAME Jacob Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/23	5 Full name of contributor out-of-state PAC (ID#: _____) Caroline Bumgarner 6 Contributor address; City; State; Zip Code 5150 Kensington Ct Flower Mound, TX 75022	7 Amount of contribution (\$) \$245.15
8 Principal occupation / Job title (See Instructions) Mental Health Professional		9 Employer (See Instructions) Self
Date 4/14/23	Full name of contributor out-of-state PAC (ID#: _____) Debra Greathouse Contributor address; City; State; Zip Code 4813-2 Spring Meadows Ln, Midland, TX 79705	Amount of contribution (\$) \$98.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 4/17/23	Full name of contributor out-of-state PAC (ID#: _____) Mark Ehrlich Contributor address; City; State; Zip Code 1709 Brook Ln. Flower Mound, TX 75028	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor out-of-state PAC (ID#: _____) Juanita Valdez Contributor address; City; State; Zip Code 2200 Shenaandoah Trail, Denton, TX 76210	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown

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: 3
2 FILER NAME Jacob Anderson		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/23	5 Full name of contributor out-of-state PAC (ID#: _____) Luz Trujillo 6 Contributor address; City; State; Zip Code 5812 Lavon Dr. Flower Mound, TX 75028	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 4/26/23	Full name of contributor out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code NA	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 4/26/23	Full name of contributor out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code NA	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 4/26/23	Full name of contributor out-of-state PAC (ID#: _____) TREPAC/ Texas Association of REALTORS® Political Action Committee Contributor address; City; State; Zip Code P.O. Box 2246, Austin, TX 78768	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

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 Jacob Anderson	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Payee name TexTen Graphics	
6 Amount (\$) \$377.36	7 Payee address; City; State; Zip Code 6201 Technology Dr #112, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/23	Payee name TexTen Graphics	
Amount (\$) \$685.09	Payee address; City; State; Zip Code 6201 Technology Dr #112, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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