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: CANDIDATE / MS / MRS / MR MI OFFICEHOLDER OFFICE USE ONLY NAME NICKNAME Date Received SUFFIX 7/14/21 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE OFFICEHOLDER 7200 Maudsley Drive MAILING McKinney, TX 75071 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER Date Hand-delivered or Date Postmarked (202 **PHONE** 494-3591 6 CAMPAIGN MS / MRS / MR Receipt # Amount \$ MI TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN STATE; TREASURER ZIP CODE 2566 County Road 855 **ADDRESS** McKinney, TX 75071 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (214 636-3291 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED Day 24 21 THROUGH 17 21 11 ELECTION ELECTION DATE ELECTION TYPE Month Primary Dav Year Runoff Other Description 5 21 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) McKinney ISD School Board Place 7 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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 Joy Booth	16	Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	ON 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)	\$	3,945.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	981.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	' \$	1024.57
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 sv req	year, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct ar	nd includes all information
	Qa110 (8	, 401)-	
	Signature of Candidate	e or Offic	eholder
	V		
	Please complete either option below:		
1) Affidavit	JEREMIAH W MACK Notary ID #130038699 My Commission Expires May 19, 2025		
NOTARY STAMP/SEAL			_
worn to and subscribed b	efore me by Voy Sooth this the 1971	/ day o	· Tule
0 <u> </u>	nich, witness my hand and seal of office.	_ day o	, <u>v v v , </u>
Comment of	many Teremiable Borack 1	1/1	2/1.
prature of officer administerin	g oath Printed name of officer administering oath	Title of α	officer administering oath
	OR	Title Of C	nicer administering dath
) Unsworn Declaration			
/ name is _			
address is	and my date of birth is		
	(street)		
ecuted in	(State)	(zip code) (country)
	County, State of, on the day of(month)	, 20 (ye:	<u></u>
	Signature of Candidate/Office	eholder (I	Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Dy Booth 20 Filer ID (Ethics Co		sion Filers)
21 SC N/	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		3,945.18
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		0.00
4.	4. SCHEDULE E: LOANS		200.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		981.96
6,	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

1	The Instruction Guide explains how to complete this for		1 Total pages Sche	dule A2:	
2 FILER NAME			1		
Joy Boo			3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3,945.	18	
5 Date 05/04/2021	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 3,500.00	9 In-kind contribution description Media/filming ads l ide of Texas. Complete Schedule T	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe		AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 05/13/2021	Big Frog		Amount of Contribution \$	In-kind contribution description campaign tshirts	
4280 Main St. #450 Frisco, TX 75033 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		191 <u> </u>			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDUL	E AS NEEDED		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 8/17/2020

LOANS

SCHEDULE E

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

			eport.		
The	1 Total pages Schedule E: 1				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Joy Booth			,		
	NITEMIZED LOANS		\$ 0.00		
5 Date of loan	7 Name of lender out-of-stat	te PAC (ID#:)	9 Loan Amount (\$)		
04/23/2021	Joy Booth	200.00			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate		
Institution?	7200 Maudsley Drive		0.00		
YIN	McKinney, TX 75071	11 Maturity date			
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Col	lateral	15			
■ none		Check if personal fur account (See Instruc	nds were deposited into political ctions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	_	.		
not applicable	,	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan			T T		
Date of loar,	Name of lender out-of-state	9 PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
YN			Maturity date		
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	iteral	 			
none		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable] 		
Principal Occupation	n (See Instructions)	Employer (See Instructions)			
15.1	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED		
If len	der is out-of-state PAC, please see Ins	truction guide for additional rep	orting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poilling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (entry a category not listed the entry)

Candidate/Officeholder/Politic	inting	g Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a cate	trict egory not listed above)
	The Instruction Guide explains how to			,
1 Total pages Schedule F1	Joy Booth		3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Payee name		<u> </u>	***
05/15/2021	Joy Booth			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
780.00	7200 Maudsley Drive McKinney, TX 75071			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Loan Repayment			
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	on expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/30/2021	Premier Political Communications			
Amount (\$)	Payee address;	City;	State;	Zip Code
201.96	4805 Woodview Ave		•	top topic
201.00	Auston, TX 78756			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Text		
OF EXPENDITURE	1			
Ī	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	- 272244
Complete ONLY if direct	Candidate / Officeholder name	Office sought		
expenditure to benefit C/OH		Gilloo sought		Office held
Date	Payee name			
	гауев паше			·
Amount (\$)	Payee address;	City;	Stata	7: 0-4:
		Ony,	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
<u> </u>				
	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 CODING OF THE			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	iFD	