


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST James	MI P	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME Jim	LAST Westerheid	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 2714 Clublake T	APT / SUITE #;	CITY; STATE; ZIP CODE McKinney TX 75072	
	AREA CODE (214)	PHONE NUMBER 585-0053	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST James	MI G	
	NICKNAME Jim	LAST Herblin	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 901 Main St. , Suite 600		CITY; STATE; ZIP CODE Dallas TX 75002	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 979-2303	EXTENSION	
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 1 / 1 / 23		THROUGH Month Day Year 3 / 27 / 23	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 5 / 6 / 23	Primary General	Runoff Special Other Description School Board	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) McKinney ISD Place 6		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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		
	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 James P. Westerheid		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)	\$ 288.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,631.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 188.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,595.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 188.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,710.62

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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JAMES P WESTERHEID and my date of birth is SEPTEMBER 8, 1947
 My address is 2714 CLUB LAKE TRL, MCKINNEY, TX, 75012, USA
(street) (city) (state) (zip code) (country)
 Executed in COUNTY County, State of TEXAS, on the 3 day of APRIL, 2023
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME
James P. Westerheid

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,343.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 600.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,406.85
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: <u>7</u>
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-18-23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle Freeman</u>	7 Amount of contribution (\$) <u>300⁰⁰</u>
	6 Contributor address; City; State; Zip Code <u>209 Timber Princeton TX 75407</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1-22-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paul Yoch</u>	Amount of contribution (\$) <u>200⁰⁰</u>
	Contributor address; City; State; Zip Code <u>700 The Trails Blue Ridge, TX 75424</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1-23-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Suzanne Harp</u>	Amount of contribution (\$) <u>500⁰⁰</u>
	Contributor address; City; State; Zip Code <u>13 Estates Rd Allen TX 75002</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1-25-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Eastlack</u>	Amount of contribution (\$) <u>200⁰⁰</u>
	Contributor address; City; State; Zip Code <u>432 Panama Ave Long Beach, CA</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doug White</u> 6 Contributor address; City; State; Zip Code <u>925 Forgotten Forrest McKinney TX 75071</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-30-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lucia Morgan</u> Contributor address; City; State; Zip Code <u>6020 Greywalls McKinney TX 75072</u>	Amount of contribution (\$) <u>200⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christy White</u> Contributor address; City; State; Zip Code <u>4609 Forest Cove McKinney TX 75071</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christy White</u> Contributor address; City; State; Zip Code <u>4609 Forest Cove McKinney TX 75071</u>	Amount of contribution (\$) <u>23⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 2-5-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Dawley	7 Amount of contribution (\$) 100 ⁰⁰
	6 Contributor address; City; State; Zip Code 8126 CR 392 Princeton TX 75407	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-6-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Westerheid	Amount of contribution (\$) 100 ⁰⁰
	Contributor address; City; State; Zip Code 21933 Swale Parker CO 80138	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-12-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige Rance	Amount of contribution (\$) 100 ⁰⁰
	Contributor address; City; State; Zip Code 2104 Millard Pond McKinney 75071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Klein	Amount of contribution (\$) 100 ⁰⁰
	Contributor address; City; State; Zip Code Box 6842 McKinney TX 75071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 2-21-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Vigen	7 Amount of contribution (\$) 200 ⁰⁰
6 Contributor address; City; State; Zip Code 1055 Scarlett Allen TX 75062		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy White	Amount of contribution (\$) 23 ⁰⁰
Contributor address; City; State; Zip Code 4609 Forest Cove McKinney 75071		
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#: _____) K. Proffer	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 509 Forgotten Forest, McKinney 75071		
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#: _____) Christy White	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 4609 Forest Cove McKinney 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 3-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Petkoff	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code 1914 Roskin Frisco TX 75034		
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#: _____) Brandi Price	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 110 E. Louisiana McKinney 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Worrell	Amount of contribution (\$) 17 ⁰⁰
Contributor address; City; State; Zip Code 2810 Mayfair McKinney 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-30-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Bills	Amount of contribution (\$) 600 ⁰⁰
Contributor address; City; State; Zip Code 3685 S. 2245 East, Salt Lake City, UT 84109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mac Kendrickles	7 Amount of contribution (\$) 200 ⁰⁰
6 Contributor address; City; State; Zip Code 1804 Forest Hills McKinney 75072		
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#: _____) Virginia Barrett	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 211 Colonial Cir McKinney 75072		
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#: _____) Jerry Dittbenner	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code Box 1855 Sandy, Oregon 97055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Eolden	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code 2727 Winding Ridge, McKinney 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 3-2-23	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti Sedota	7 Amount of contribution (\$) 100 ⁰⁰
	6 Contributor address; City; State; Zip Code 9117 Shady Spring McKinney, TX 75071	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Biscan	Amount of contribution (\$) 200 ⁰⁰
	Contributor address; City; State; Zip Code 7714 Element Ave Plano, TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Hendrickson	Amount of contribution (\$) 100 ⁰⁰
	Contributor address; City; State; Zip Code 8008 Juliet McKinney 75495	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Cheek	Amount of contribution (\$) 100 ⁰⁰
	Contributor address; City; State; Zip Code 903 Glen Rose Allen, TX 75013	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 Date 1-22-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brihany Strensen</i>	7 Amount of contribution (\$) <i>80.00</i>
6 Contributor address; City; State; Zip Code <i>1005 Park Meadow McKinney 75071</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/10/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) James P. Westerheid	9 Loan Amount (\$) 600.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code 2714 Clublake Tr. McKinney TX 75072	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral ■ none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME James P. Westerheid	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2023	5 Payee name Keepers Press	
6 Amount (\$) 1,006.68	7 Payee address; 1905 Alpha Drive	City: Rockwall State: Tx Zip Code: 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/24/2023	Payee name Keepers Press	
Amount (\$) 1,185.38	Payee address; 1905 Alpha Drive	City: Rockwall State: TX Zip Code: 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/31/2023	Payee name Edgerton Consulting	
Amount (\$) 333.00	Payee address; 1540 Keller Pkwy	City: Keller State: TX Zip Code: 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME James P. Westerheid	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2023	5 Payee name Keepers Press	
6 Amount (\$) 806.45	7 Payee address; 1905 Alpha Drive	City; State; Zip Code Rockwall TX 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/08/2023	Payee name Keepers Press	
Amount (\$) 1,341.10	Payee address; 1905 Alpha Drive	City; State; Zip Code Rockwall TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/21/2023	Payee name Edgerton Consulting	
Amount (\$) 333.00	Payee address; 1540 Keller Pkwy	City; State; Zip Code Keller TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME James P. Westerheid		3 Filer ID (Ethics Commission Filers)	
4 Date 02/19/2023		5 Payee name Printing Peach			
6 Amount (\$) 132.44		7 Payee address; 160 Beechwood Dr		City; Safety Harbor	State; Zip Code FL 34695
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description 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					
Date 03/06/2023		Candidate / Officeholder name Keepers Press			
Amount (\$) 103.50		Payee address; 1905 Alpha Drive		City; Rockwall	State; Zip Code TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Cards		
	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					
Date 03/09/2023		Candidate / Officeholder name Keepers Press			
Amount (\$) 531.07		Payee address; 1905 Alpha Drive		City; Rockwall	State; Zip Code TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Cards		
	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					

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:	2 FILER NAME James P. Westerheid	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Payee name Edgerton Consulting	
6 Amount (\$) 333.00	7 Payee address; 1540 Keller Pkwy	City: Keller State: TX Zip Code: 76248
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Consulting
	(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 03/27/2023	Payee name Keepers Press	
Amount (\$) 551.23	Payee address; 1905 Alpha Dr.	City: Rockwall State: TX Zip Code: 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description 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 03/27/2023	Payee name Edgerton Consulting	
Amount (\$) 750.00	Payee address; 1540 Keller Pkwy	City: Keller State: TX Zip Code: 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	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