CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		······································	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr Eric	<u> </u>	Date Received
	NICKNAME LAST	SUFFIX	4
	Jense	\sim	10/26/20
4 CANDIDATE /		ITY; STATE; ZIP CODE	10/00/00
OFFICEHOLDER MAILING	2218 Willean A	eve.	,
ADDRESS	To all -		0./
Change of Address	Trophy Club, Tx	16262	Viire
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Pote Hand delined a Pot Potential
PHONE	(214) 908-1089		Date Hand-delivered or Date\Pestmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Jense		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	······································	STATE; ZIP CODE
TREASURER	2218 Milean A	·	21. 332
ADDRESS	LEGO WILLOWS	re	
(Residence or Business)	Trophy Club, T	x 76262	
	(
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(24) 532-6823		
		44-4-	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment
			(Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	9 /25/2020		
	/ / 23 / 2020	THROUGH (C)	24/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	
	11 /3 /2020 General	Description Special	
40 055105	, , , , , , , , , , , , , , , , , , , ,	42 OFFICE COLIGHT (*through	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Trophy (illb Mayor
		, ,	/
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Eric J	ensen 16	Filer ID (Ethics Commission Filers)	
16 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.			
,	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
:		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,130-32	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,959.07			
18 AFFIDAVIT		I swear or offirm under namely of no	ium, that the accompanying report is	
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.				
00				
Signature of Candidate or Officeholder				
AFFIX NOTAR WIND SEALABOVE				
Sworn to and subscribed before me, by the said				
day of October, 20 30, to certify which, witness my hand and seal of office.				
Jeticia Vac	K	Leticia Vacek	Town Secretary	
signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Fil	ler ID (Ethics Commission Filers)
	Eric Jensen	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$1,930.32
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$1,930-32 ITIONS \$2,130.32
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$
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 BUSINE	ESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Eric Jensen	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#) Brian Bingham 6 Contributor address; City; State; Zip Code 6001 Wandowhill Dr Colleyville Tx 76034	7 Amount of contribution (\$) Z00~00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
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 Instruct	ions)			
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 Instruct	ions)			
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 Instruct	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED			

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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS 1,930.32 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:_____ 8 Lender address; City; State; Zip Code 1930.32 10 Interest rate 10/20/2020 ls lender a financial 0% 2218 Mclean Are Institution? 11 Maturity date Trophy Club Tx 76262 WIA 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:_____ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION City; Guarantor address; State; Zip Code not applicable 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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 (orders extension and listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Eric Jensen 5 Payee name Face book		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
(0-1(-2020) 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
128 - 36			
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Adi Exp		
	(c) Check if travel outside of Texas. Complete School	eduleT. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
(0-10-2020	Google		
Amount (\$)	Payee address;	City;	State; Zip Code
6.30			
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	wobste		
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	n, 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		
10/19/2020	Poliensine		
Amount (\$)	Payee address;	City;	State; Zip Code
35			
	Category (See Categories listed at the top of this school	edule) Description	
PURPOSE OF EXPENDITURE	website		
	Check if travel outside of Texas. Complete Sche	eduleT. Check if Austin	n, 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

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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (external expenses)

Credit Card Payment	The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Eric Jensen		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Booker Indus		L
10/20/20 20	Judus-	tries	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adı Exp		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 Austir	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			