

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 Jeremy Raines | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name GoDaddy | |
| 6 Amount (\$) 26.64 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Websites + Marketing Premium Renewal |
| | (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 | Payee name Designer Graphics | |
| Amount (\$) 1,449.79 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expenses | Description Campaign 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 Azle Chamber of Commerce | |
| Amount (\$) 300.00 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Door Prize Sponsor |
| | 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

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 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name PayPal | |
| 6 Amount (\$) 202.56 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising Expenses | (b) Description Transaction Fees |
| | (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 | 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 |

| | |
|--|---|
| 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

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

Jeremy Raines

3 Filer ID (Ethics Commission Filers)**4** Date**5** Full name of contributor out-of-state PAC (ID#: _____)

Anfin, Larry

7 Amount of contribution (\$)**150.00****6** Contributor address; City; State; Zip Code

7020 Castle Creek Court Fort Worth TX 76132

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

K & L Enterprises, Inc.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Angle, JD and Burns, Joel

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2420 South Adams Street Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

AMM Political Strategies

Date

Full name of contributor out-of-state PAC (ID#: _____)

Arbogast, Tyler

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8005 Belladonna Drive Fort Worth TX 76123

Principal occupation / Job title (See Instructions)

Development

Employer (See Instructions)

Fort Worth Housing Solutions

Date

Full name of contributor out-of-state PAC (ID#: _____)

Blocker, Will and Allison

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3639 W. biddison st Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Land Man

Employer (See Instructions)

Burnett Oil Co

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Brauer, Steve

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
1100 Broad Ave Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Hunter Engineering

Date

Full name of contributor out-of-state PAC (ID#: _____)
Connolly, Erica

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code
101 N Brookside Dr Apt 113 Dallas TX 75214

Principal occupation / Job title (See Instructions)

Flight Attendent

Employer (See Instructions)

Southwest Airlines

Date

Full name of contributor out-of-state PAC (ID#: _____)
Coy, Scott

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code
4141 Woodlawn Drive Apt 50 Nashville TN 37205

Principal occupation / Job title (See Instructions)

Business Development

Employer (See Instructions)

Business Development

Date

Full name of contributor out-of-state PAC (ID#: _____)
Coy, Taylor and Claire

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
2201 Mistletoe Ave FORT WORTH TX 76110

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

JLL

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Cranford, Denis

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
1541 Hudnall Farm Road Keller TX 76248

8 Principal occupation / Job title (See Instructions)

Retail

9 Employer (See Instructions)

Grapevine Consignment Market

Date

Full name of contributor out-of-state PAC (ID#: _____)
D'Avignon, Kim

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
3724 Stadium Dr Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Tarrant County

Date

Full name of contributor out-of-state PAC (ID#: _____)
Greenwood, Stephanie

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
2402 W Tenth St. Dallas TX 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Henke, Brad and Julie

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
9925 Osprey Drive Fort Worth TX 76108

Principal occupation / Job title (See Instructions)

Management

Employer (See Instructions)

RMP Industrial Supply

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Holt, Brent

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
6413 Legacy Point Corpus Christi TX 78414

8 Principal occupation / Job title (See Instructions)

Financial Advisor

9 Employer (See Instructions)

American Investment Services

Date

Full name of contributor out-of-state PAC (ID#: _____)
Keeton, Bill and Candi

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
5615 Ridge Dr. ARLINGTON TX 76016-1541

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Konty, Carol and Steve

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
811 Sumner dr Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Medical Assistant

Employer (See Instructions)

Baylor

Date

Full name of contributor out-of-state PAC (ID#: _____)
Monroe, William

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
4321 Selkirk Dr W Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Marsh Wortham

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Navejar, Rosa and Charles

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

2701 Calder Court FORT WORTH TX 76107

500.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

The Rios Group, Inc

Date

Full name of contributor out-of-state PAC (ID#: _____)
Pate, Michael and Danielle

Amount of contribution (\$)

Contributor address; City; State; Zip Code

461 Meadowhill Benbrook TX 76126

50.00

Principal occupation / Job title (See Instructions)

Loan Officer

Employer (See Instructions)

Sun West Mortgage

Date

Full name of contributor out-of-state PAC (ID#: _____)
Raines, Jason and Brittany

Amount of contribution (\$)

Contributor address; City; State; Zip Code

117 Sedgelfield Pl Lufkin TX 75904

100.00

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Acorn Forestry

Date

Full name of contributor out-of-state PAC (ID#: _____)
Raines, Jeremy and Logan Konty

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2313 Ashland Ave Fort Worth TX 76107

5,000.00

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

RMP Industrial Supply

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Raines, Steve and Cindy

7 Amount of contribution (\$)

550.00

6 Contributor address; City; State; Zip Code
2313 Carleton Ave Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

RMP Industrial Supply

Date

Full name of contributor out-of-state PAC (ID#: _____)
Rowe, Carley

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
4400 Mary's Creek Dr Benbrook TX 76116

Principal occupation / Job title (See Instructions)

Finance

Employer (See Instructions)

Lockheed Martin

Date

Full name of contributor out-of-state PAC (ID#: _____)
Sass, Jordan

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
28626 Abilene Park Ct Katy TX 77494

Principal occupation / Job title (See Instructions)

Higher Education

Employer (See Instructions)

University of Houston

Date

Full name of contributor out-of-state PAC (ID#: _____)
Sawyer-Wicker, Miles

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
1208 Lipscomb St Fort Worth TX 76104

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

The Baily Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeremy Raines

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)
Schmidt, Debbie and Kenny

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
7001 Riviera Dr. North Richland Hills TX 76180

8 Principal occupation / Job title (See Instructions)

Banking

9 Employer (See Instructions)

Chase

Date

Full name of contributor out-of-state PAC (ID#: _____)
Schumacher, Robert

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
2004 Saint Charles place Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Briggs Freeman

Date

Full name of contributor out-of-state PAC (ID#: _____)
Snider, Robert

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
6521 S. Dover Terrace Fort Worth TX 76132

Principal occupation / Job title (See Instructions)

Associate

Employer (See Instructions)

Woodmont

Date

Full name of contributor out-of-state PAC (ID#: _____)
Tyler, Bill

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
7916 Laura St. North Richland Hills TX 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 Jeremy Raines | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: _____) Wysong, Dave | 7 Amount of contribution (\$) 1,000.00 |
| | 6 Contributor address; City; State; Zip Code 700 Constitution NE Apt 407 Washington DC 20002 | |
| 8 Principal occupation / Job title (See Instructions) Executive | | 9 Employer (See Instructions) Powered by the People |
| 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) |
| 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) |
| 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.

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 Jeremy | MI B | OFFICE USE ONLY | |
| | NICKNAME | LAST Raines | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | 2113 Ashland Ave., Fort Worth, TX 76107 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 235-4727 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST William | MI J | Receipt # | Amount \$ |
| | NICKNAME | LAST Fuller | SUFFIX | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | | CITY; | STATE; ZIP CODE |
| | 1821 Washington Ave., Fort Worth, TX 76110 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 913-6075 | 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 2 | Day 21 | Year 21 | THROUGH | Month 3 / Day 22 / Year 21 |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 1 / 21 | | ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special _____ | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) Tarrant Regional Water District Board of Directors | | |
| 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 Jeremy Raines for Tarrant County Water Board | | 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) | \$ 195.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 11,445.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 26.64 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,978.99 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,466.01 |
| 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.

Jeremy B Raines

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeremy B Raines this the 1st day of April,

2021, to certify which, witness my hand and seal of office. Notarized online using audio-video communication

Shelly Skipper Thomas

Shelly Skipper Thomas

Shelly Skipper Thomas

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 Jeremy Raines | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 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 | | \$ |
| 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 | | \$ |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Jeremy Raines

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder