

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: 43
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Jarrett E NICKNAME LAST SUFFIX Lipman	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 20659 Stone Oak Parkway #1608 San Antonio TX 78259	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () -	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jeremy NICKNAME LAST SUFFIX Weber	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19414 Amore Bluff San Antonio TX 78259		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () -		
9 REPORT TYPE	8th Day Before General Election		
10 PERIOD COVERED	Month Day Year Month Day Year 3/28/2023 THROUGH 4/26/2023		
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Council District 9	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Jarrett E Lipman Self	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9795.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 200.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8921.05
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20719.04
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19530.00

18 AFFIDAVIT

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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Jarrett E Lipman Self, this the 1st day of May, 2023, 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

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr Jarrett E Lipman Self		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9795.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8921.05
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 21

2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
3/30/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Carol Chambers

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3730 Puesta de Sol
San Antonio, TX 78261**

8 Principal occupation / Job title (See instructions)
Self-employed Composer

9 Employer (See instructions)
Aspenwood Music, LLC

Date
3/30/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Suzanne Martin

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**2202 Fountain Way
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Retired teacher

Employer (See instructions)

Date
3/30/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Javier Gonzalez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**6 Rogers Wood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self-employed

Date
3/30/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**17 Vintage oaks
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self-employed

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Donna Harrington	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 11402 Whisper Dawn San Antonio, TX 78258		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 3/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Ann Schorlemer	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 12617 Hunters Chase San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jimmie Yawn	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 22 Sanctuary Drive San Antonio, TX 78232		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Nancy Doehler	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14439 NW Military #108 Shavano Park, TX 78231		
Principal occupation / Job title (See instructions) Self/Homemaker		Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 21

2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
3/31/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Anna C Atkins

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**3207 Sable Creek
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Cielo Vista Apartments

Date
4/1/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Susan Bayne

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**12 Tanner Woods
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/2/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Alicia Gomez

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**2707 Montebello
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/3/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Kenneth Keller

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3511 Martesia
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Marsha Gear	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 311 Wood Shadow San Antonio, TX 78216		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Grant Huguenin	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3603 Edge View San Antonio, TX 78259		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Lionelle Wells	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1935 Ridge Park Street San Antonio, TX 78232		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Howard Perry	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1210 Sunset View San Antonio, TX 78258		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/10/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Michael Holmes

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**410 Woodway Forest
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
4/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Diana Farrar

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5120 Broadway
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Fifi & Fidos Pet Botique

Date
4/10/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**22410 Roan Forest
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)

Date
4/10/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Karmen Chavez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**119 Impala Circle
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/10/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Yin Che Kuo

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**22410 Roan Forrest
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
General Manager

9 Employer (See instructions)
United Auto Parts, Inc.

Date
4/10/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**19922 Park Ranch
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/13/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1226 Phantom Valley
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
CNG services, Mgr.

Employer (See instructions)
Zeit Energy LLC

Date
4/13/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Aileen Boone

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**12807 Terrace Pass
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/14/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Max Frailey

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**810 Lari Dawn
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
4/14/2023

Full name of contributor out-of-state PAC (ID# _____)
W.J. Howington

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**739 Lari Dawn
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/14/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Russell Ranking

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**726 Lari Dawn
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/14/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Anthony Jaso

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**19205 Heather Creek
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Investment Banker

Employer (See instructions)
Estrada Hinojosa & Company, Inc.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Kenneth McCollister

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1426 Melanie Circle
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
N/A

9 Employer (See instructions)
N/A

Date
4/18/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**3526 Valencia Peak
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
4/18/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5638 Holly Hollow
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
4/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Deborah O'Reilly

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**21614 Rio Comal
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Director, Global Accounts

Employer (See instructions)
Helms Briscoe - Event Site Selection/Negotiations/Contract

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Richard Gonzalez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**18326 Edward Oaks
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
4/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Cynthia Munch

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**13703 Village Wood
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Jeffrey Thompson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2431 Cortona Mist
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
USAF, Retired

Employer (See instructions)

Date
4/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Brandi Jo Newman

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**5150 Broadway #108
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Wealth Management

Employer (See instructions)
Self-employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jacqueline Klein 6 Contributor address; City; State; Zip Code 326 Olney Drive San Antonio, TX 78209	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See instructions) Self employed		9 Employer (See instructions)
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Tara Greiman Contributor address; City; State; Zip Code 3214 Monarch San Antonio, TX 78259	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Joleen Beltrami Contributor address; City; State; Zip Code 33 Reynosa San Antonio, TX 78261	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Instructor		Employer (See instructions) University of Incarnate Word
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Kevin Duewel Contributor address; City; State; Zip Code 14806 Gallant Fox San Antonio, TX 78248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Billy Cobb	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 21815 Hyerwood San Antonio, TX 78259		
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Kristen Bohanan	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 22306 Sierra Blanca San Antonio, TX 78259		
Principal occupation / Job title (See instructions) Healthtrust		Employer (See instructions) Implant coordinator
Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Candy Dodge	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3518 Martesia San Antonio, TX 78259		
Principal occupation / Job title (See instructions) Medical Professional/Nurse		Employer (See instructions) Contract
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dionne Fortenberry	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 23007 Fossil Peak San Antonio, TX 78261		
Principal occupation / Job title (See instructions) Substitute Teacher		Employer (See instructions) NEISD

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Janet Smith	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2095 Oakland Bend San Antonio, TX 78258		
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alfred Richter	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 429 Arch Bluff San Antonio, TX 78216		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Shelby Murphy	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 24638 Arrow Canyon San Antonio, TX 78158		
Principal occupation / Job title (See instructions) Clinical Therapist		Employer (See instructions) The Ecumenical Center
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Debbie Farnsworth	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3303 Windy Ridge Court San Antonio, TX 78259		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Eric Kosub

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**22726 Sabine Summit
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Technician

9 Employer (See instructions)
Tesla

Date
4/20/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr James Beach

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18218 Openforest
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/20/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Randy Leifeste

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**2706 Oak Haven
San Marcos, TX 78666**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/20/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Taylor Lovato Cruz

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2906 Ellis Park
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Colleen Salinas	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 24711 Catalan Cliff San Antonio, TX 78261		
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Aldo Morales	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code PO Box 187 Eagle Pass, TX 78852		
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) San Felipe Del Rio ISD
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Cade Saylor	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 3761 Ridgeway Drive San Antonio, TX 78259		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Joni Perez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 15 Wrens Song Spring, TX 77382		
Principal occupation / Job title (See instructions) Instructional Coach		Employer (See instructions) Self-employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rick Stoddard	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 18334 Emerald Oaks San Antonio, TX 78259	
8 Principal occupation / Job title (See instructions) Sales		9 Employer (See instructions) HST Pathways
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Bixler	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1226 Stetson Green San Antonio, TX 78258	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Deborah Kosub	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 22726 Sabine Summit San Antonio, TX 78258	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Strahan	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 4700 King Ranch Road Fort Worth, TX 76132	
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Fort Worth ISD

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 21

2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Forrest Byas

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1226 Phantom Valley
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
CNG services, Mgr.

9 Employer (See instructions)
Zeit Energy LLC

Date
4/20/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**19922 Park Ranch
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/20/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**2766 Montebello
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
North East ISD

Date
4/20/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4639 Manitou Bay
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul James Jr	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 18385 Babcock Road #911 San Antonio, TX 78255	
8 Principal occupation / Job title (See instructions) Engineer		9 Employer (See instructions) TX Oilfields
Date 4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) April Myers	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 122 Broken Spur Universal City, TX 78148	
Principal occupation / Job title (See instructions) Music lesson teacher		Employer (See instructions) Self-employed
Date 4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Shawna Lien	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 21307 Encino Caliza San Antonio, TX 78259	
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) North East ISD
Date 4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Nancy Thomas	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 19927 Encino Grove San Antonio, TX 78259	
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Eliseo Trevino III	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 15503 Dawn Crest San Antonio, TX 78248		
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A
Date 4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr James Bucks	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 22613 Fossil Cove San Antonio, TX 78261		
Principal occupation / Job title (See instructions) Pilot		Employer (See instructions) Southwest Airlines
Date 4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Thomas Dowe	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2239 Deerfield Wood San Antonio, TX 78248		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John Pollard	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 8700 Ice House Drive North Richland Hills, TX 76180		
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jodie Rhodes	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code PO Box 1876 Canyon Lake, TX 78133		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 4/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rolando San Miguel	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 12803 Terrace Hollow San Antonio, TX 78259		
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) Self-employed
Date 4/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Lynn Dorow	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9486 Lantern Way Centerville, OH 45458		
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Fred J. Miller, Inc.
Date 4/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Landon Beach	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 18018 Openforest San Antonio, TX 78259		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 21
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Travis Larson	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1252 E Shari Street San Tan Valley, AZ 85140		
8 Principal occupation / Job title (See instructions) Teacher		9 Employer (See instructions) Mesa Public Schools
Date 4/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Rebekah Winslow	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 6585 Heath Road San Antonio, TX 78250		
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A
Date 4/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Angela McHugh	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 107 Osiana San Antonio, TX 78248		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 4/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Deborah Zoll	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 345 Meadowbrook San Antonio, TX 78232		
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) Account Manager

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 of 21

2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date
4/24/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Caleb Brigham

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code
**4416 Providence Road
Charlotte, NC 28226**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Judson ISD

Date
4/24/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Nola Jones

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**404 Lockland Drive
Nashville, TN 37206**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/26/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr James Hasslocher

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**129 Haskin Drive
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Hasslocher Enterprises

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (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)		

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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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)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 4/2/2023	5 Payee name RBFCU
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6 Amount (\$) 21.69	7 Payee address; City; State; Zip Code PO Box 2097 Universal City, TX 78148-2097
--------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Checks
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
---	--	--	-------------

Date 4/2/2023	Payee name Campaign Sidekick
-------------------------	--

Amount (\$) 275.00	Payee address; City; State; Zip Code 1550 Old Annetta Aledo, TX 76008
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description Sidekick block walking app
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
--	--	--	-------------

Date 4/3/2023	Payee name Allison Kirbo
-------------------------	------------------------------------

Amount (\$) 175.00	Payee address; City; State; Zip Code 2916 Lotus Park Schertz, TX 78154
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Website management and updates
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
--	--	--	-------------

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/2023	5 Payee name Public Alliance, LLC		
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 909 North East Loop 410 #340 San Antonio, TX 78209-1315		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
Date 4/8/2023	Payee name Google Domains		
Amount (\$) 12.79	Payee address; City; State; Zip Code 1600 Ampitheatre Pkway Mountain View, CA 94043-1351		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website domain and advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
Date 4/11/2023	Payee name Staples		
Amount (\$) 10.80	Payee address; City; State; Zip Code 18203 Rim Drive #101 San Antonio, TX 78257		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Labels and envelopes
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 7	2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2023	5 Payee name Staples			
6 Amount (\$) 37.88	7 Payee address; City; State; Zip Code 18203 Rim Drive #101 San Antonio, TX 78257			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Thank you notes	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Jarrett Lipman		Office sought Council District 9		Office held
Date 4/11/2023	Payee name Public Alliance, LLC			
Amount (\$) 500.00	Payee address; City; State; Zip Code 909 North East Loop 410 #340 San Antonio, TX 78209-1315			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Direct mail design	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Jarrett Lipman		Office sought Council District 9		Office held
Date 4/12/2023	Payee name Staples			
Amount (\$) 25.96	Payee address; City; State; Zip Code 18203 Rim Drive #101 San Antonio, TX 78257			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Envelopes	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Jarrett Lipman		Office sought Council District 9		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 4 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2023	5 Payee name United States Postal Service	
6 Amount (\$) 37.80	7 Payee address; City; State; Zip Code 20403 Encino Ledge San Antonio, TX 78259	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9
Office held		
Date 4/17/2023	Payee name Public Alliance, LLC	
Amount (\$) 497.95	Payee address; City; State; Zip Code 909 North East Loop 410 #340 San Antonio, TX 78209-1315	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Door hangers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9
Office held		
Date 4/18/2023	Payee name United States Postal Service	
Amount (\$) 18.90	Payee address; City; State; Zip Code 20403 Encino Ledge San Antonio, TX 78259	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/2023	5 Payee name La Hacienda de Los Barrios		
6 Amount (\$) 493.42	7 Payee address; City; State; Zip Code 18747 Redland Rd San Antonio, TX 78259		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for campaign fundraising event
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
Date 4/19/2023	Payee name Mailchimp		
Amount (\$) 20.79	Payee address; City; State; Zip Code 675 Ponce de Leon Ave North East #500 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description E-mail blast software monthly fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held
Date 4/22/2023	Payee name Public Alliance, LLC		
Amount (\$) 5053.59	Payee address; City; State; Zip Code 909 North East Loop 410 #340 San Antonio, TX 78209-1315		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Direct mail print and postage
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 6 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name The Home Depot	
6 Amount (\$) 43.28	7 Payee address; City; State; Zip Code 1066 Central Parkway South San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description Chairs for poll watchers
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9
	Office held	

Date 4/24/2023	Payee name Scott Chidgey		
Amount (\$) 500.00	Payee address; City; State; Zip Code 24710 Garden Way San Antonio, TX 78260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Social media management	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held

Date 4/26/2023	Payee name PayPal		
Amount (\$) 186.50	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Paypal fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 7	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)	
4 Date 4/26/2023	5 Payee name Public Alliance, LLC		
6 Amount (\$) 59.70	7 Payee address; City; State; Zip Code 909 North East Loop 410 #340 San Antonio, TX 78209-1315		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailchimp software, add capacity fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jarrett Lipman	Office sought Council District 9	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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
 Fees
 Food/Beverage Expense
 Gifts/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 F2: 1 of 1	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 G: 1 of 1	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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 H: 1 of 1	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> 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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Jarrett E Lipman Self	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME

Mr Jarrett E Lipman Self

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

.....

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Jarrett E Lipman Self		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**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" ••**

C/OH NAME
Mr Jarrett E Lipman Self

Filer ID (Ethics Commission Filers)

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

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

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder