

# 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	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #: CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received

## RECEIVED

NOV 29 2021

**CITY OF MESQUITE  
CITY SECRETARY**

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Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
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Date Processed

Date Imaged

**GO TO PAGE 2**



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,900.00
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	\$ 2,884.78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Page 1 of 3

2 FILER NAME

Jeff Casper II

3 Filer ID (Ethics Commission Filers)

4 Date

11/23/2021

5 Full name of contributor

Victoria Neave

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

PO BOX 472773, Garland TX

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Neave Law

Date

11/25/2021

Full name of contributor

Apartment Association of Greater Dallas

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5728 LBJ Freeway, Suite 100, Dallas TX

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2021

Full name of contributor

Elizabeth Walley

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1112 Siebold Ct, Mesquite TX 75150

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/18/2021

Full name of contributor

The Dallas County East Democrats PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

PO BOX 870283, Mesquite TX 75150

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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1 Total pages Schedule A1:  
Page 2 of 3

2 FILER NAME

Jeff Casper II

3 Filer ID (Ethics Commission Filers)

4 Date

11/09/2021

5 Full name of contributor

Carol Donovan

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

6333 E Mockingbird Ln, Dallas, TX 75214

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Carol Donovan Atty at Law

Date

11/15/2021

Full name of contributor

Patricia Rainwater

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

3105 CARIBOU CT , MESQUITE , TX 75181

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11/10/2021

Full name of contributor

Daniel Norwood

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Mesquite ISD

Employer (See Instructions)

Educator

Date

11/18/2021

Full name of contributor

Leigh Bailey

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

4333 Druid Ln, Dallas TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Leigh Bailey Attorney at Law

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

Page 3 of 3

2 FILER NAME

Jeff Casper II

3 Filer ID (Ethics Commission Filers)

4 Date

11/08/2021

5 Full name of contributor

Nellapalli Dharamarajan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address:

City:

State:

Zip Code

1109 Amur St, Mesquite, TX 75140

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

11/09/2021

Full name of contributor

Philip Kingston Campaign

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address:

City:

State:

Zip Code

5901 Palo Pinto Ave, Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Stanton

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)

Stanton

Employer (See Instructions)

Attorney

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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: **Jeff Casper** 2 FILER NAME **Jeff Casper** 3 Filer ID (Ethics Commission Filers)

4 Date **11/22/2021** 5 Payee name **Mail House**

6 Amount (\$) **330.72** 7 Payee address; City; State; Zip Code **4834 Topline Dr, Dallas TC**

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<b>Advertising</b>	<b>Postal Services</b>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/05/2021** Payee name **Printplace**

Amount (\$) **246.00** Payee address; City; State; Zip Code **1130 Avenue H, Arlington TX**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<b>Printing expense</b>	<b>Post Card Printing</b>
Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/22/2021** Payee name **Supreme Printing**

Amount (\$) **267.00** Payee address; City; State; Zip Code **148 Pittsburg, Dallas TX**

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<b>Printing Expense</b>	<b>PostCard Printing</b>
Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH 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                        |                               |                                |  |

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jeff Casper	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/26/2021	<b>5</b> Payee name Shannon Long	
<b>6</b> Amount (\$) 1,841.06	<b>7</b> Payee address; City; State; Zip Code 1009 Ashland Dr< Mesquite TX 75149	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Fee	<b>(b)</b> Description Voter Contact
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/22/2021	Payee name Point Blank Political	
Amount (\$) 200.00	Payee address; City; State; Zip Code 330 Crown Oak Centre Dr, Longwood, FL 32750	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description text services
	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	
<b>PURPOSE OF EXPENDITURE</b>	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

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