

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: 6														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:40%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> </table> Mrs. Amanda C White		MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="margin-bottom: 10px;"> Date Received <i>MD Received 5/10/2022 11:57 AM</i> </div> <div style="margin-bottom: 10px;"> Date Hand-delivered or Date Postmarked </div> <div style="margin-bottom: 10px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> </div> <div style="margin-bottom: 10px;"> Date Processed </div> <div> Date Imaged </div>	Receipt #	Amount \$						
MS / MRS / MR	FIRST	MI															
NICKNAME	LAST	SUFFIX															
Receipt #	Amount \$																
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7680 Quail Ridge St. Ft. Worth, TX 76179																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 707-4317																
6 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:40%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> </table> Mrs. Amanda C White		MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX									
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NICKNAME	LAST	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7680 Quail Ridge St. Fort Worth TX 76179																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 707-4317																
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>4</td> <td>30</td> <td>2022</td> <td></td> <td>5</td> <td>9</td> <td>2022</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	4	30	2022		5	9	2022
Month	Day	Year	THROUGH	Month	Day	Year											
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11 ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>5 / 7 / 2022</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	5 / 7 / 2022									
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12 OFFICE	OFFICE HELD (if any) <div style="float: right; width: 40%;"> 13 OFFICE SOUGHT (if known) Eagle Mountain Saginaw School Board Trustee Place 3 </div>																
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: small; margin-bottom: 5px;">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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

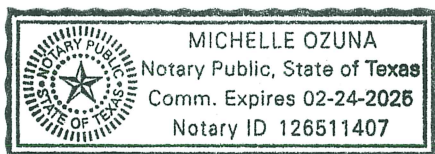
15 C/OH NAME <u>Amanda C. White</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>318.62</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>318.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Amanda White
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Amanda C. White this the 10th day of May, 2022, to certify which, witness my hand and seal of office.

Michelle Ozuna
Signature of officer administering oath

Michelle Ozuna
Printed name of officer administering oath

Notary of Texas
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Amanda C. White

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 144.79

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 313.62

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

\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Amanda C. White	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 144.79						
5 Date 5/1/2022	6 Payee name Costco							
7 Amount (\$) \$144.79	8 Payee address; City; State; Zip Code 8900 Tehama Ridge Pkwy Ft. Worth TX 76177							
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political							
10 PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> (a) Category (See Categories listed at the top of this schedule) Advertising Expense Gift Expense </td> <td style="width:50%; vertical-align: top;"> (b) Description water bottles, candy, fruit snacks </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense Gift Expense	(b) Description water bottles, candy, fruit snacks	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
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Candidate / Officeholder name	Office sought	Office held						
Amanda C. White	EMS ISD School Board Trustee Place 3							
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip Code							
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political							
PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">Category (See Categories listed at the top of this schedule)</td> <td style="width:50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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			
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Candidate / Officeholder name	Office sought	Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Amanda C. White	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2022	5 Payee name Walmart	
6 Amount (\$) \$128.95 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1401 N. Saginaw Blvd. Saginaw Tx 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift expense	(b) Description Popcorn, tissue paper
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Amanda C. White EMS ISD School Board Trustee Place 3	
Date 5/1/2022	Payee name Dollar Tree	
Amount (\$) \$50.07 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1441 N. Saginaw Blvd. Ste. 110 Saginaw Tx. 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift expense	Description Popcorn tubs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Amanda C. White EMS ISD School Board Trustee Place 3	
Date 5/1/2022	Payee name Capital One Visa	
Amount (\$) \$144.79 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Payment Processing P.O. Box 71083 Charlotte NC 28272-1083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Payment of credit card for Carles purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Amanda C. White EMS ISD School Board Trustee Place 3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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


1 C/OH NAME

Amanda C. White

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



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

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



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



Signature of Candidate

5 OFFICEHOLDER

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



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

Signature of Officeholder