FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088814 3 COMMITTEE NAME **OFFICE USE ONLY** Keep Denton County Red Date Received **ELECTRONICALLY FILED** 07/20/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 691 Date Hand-delivered or Date Postmarked Change of Address Aubrey, TX 76227 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jordan NAME NICKNAME LAST **SUFFIX** Woodard STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 120 Stanley Street STREET **ADDRESS** #169 (Residence or Business) Aubrey, TX 76227 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 120 Stanley Street MAILING **ADDRESS** #169 Aubrey, TX 76227 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 469-8741 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| Keep Denton County Red | | | 00088814 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZEI | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 1,057.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 412.75 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | 0.00 |
| 16 AFFIDAVIT | • | | <u>'</u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Jordan \ | Woodard | |
| | | Signature of Car | mpaign Treasur | er |
| AFFIX NOTAR | Y STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of office | er administering oath |

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

| | | | | | 3 of 5 | | |
|------------------|---|---|--------------|--------|----------------------|--|--|
| 17 COMI | MITTE | E NAME | 18 Filer ID | (Ethic | s Commission Filers) | | |
| Keep | Dent | 00088814 | | | | | |
| 19 SCHE | 19 SCHEDULE SUBTOTALS | | | | | | |
| NAME OF SCHEDULE | | | | | SUBTOTAL AMOUNT | | |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 1,000.00 | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | | | |
| 4. | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | | |
| 5. | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | | |
| 6. | 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ | | | |
| 9. | | SCHEDULE E: LOANS | | \$ | | | |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 1,057.00 | | |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | |
| 12. | 2. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | | \$ | | | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ΛC | IS | | SCHEDULE A1 |
|---|---|--|----|---|---|--|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/5 | |
| 2 | FILER NAME Keep Denton County Red | | | | 3 | Filer ID (Ethics Commission Filers) 00088814 |
| 4 | Date 01/28/2025 | Full name of contributor | |) | 7 | Amount of Contribution (\$) \$1,000.00 |
| 8 | Principal occu S Squared | Flower Mound, TX 75022 Ipation / Job title (See Instructions) | 9 | Employer (See Instructions Psychologist | <u> </u> s) | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/1 Rpt: 5/5 | Keep Denton County Red 00088814 |
| 4 Date | 5 Payee name |
| 01/31/2025 | Denton County Republican Lincoln Cabinet PAC |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,003.00 | PO Box 40748 |
| Expenditure from corporate funds | Denton, TX 76206 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Bid Paddle Sponsor |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/18/2025 | United States Post Office |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$54.00 | 120 Stanley Dr |
| ,,,,,, | |
| Expenditure from corporate funds | Aubrey, TX 76227 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | PO Box Renewal |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| experiditure to beliefit C/O | |
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