APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

	See CTA Instruction Guide for detailed instructions.				1 Total pages filed:			
2	CANDIDATE	MS / MRS / MR	FIRST		MI		OFFICE	USE ONLY
-	NAME	MRS.	JORDY	N	А		Filer ID #	
		NICKNAME	LAST			JĖFIX	FILED F	FOR RECORD A
			BEREN	ID			A pare Received U	, occorr
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZII	P CODE	DEC	1 2023
Ĭ	MAILING	P.O. BOX 182)	WINDTHORS	T, TEXAS 7	6389	BLO	,
	ADDRESS	102					KARREN WIN	FER. COUNTY CLERK
							ARCHER	FER COUNTY CLERK COUNTY, TEXAS
_	CANDIDATE	AREA CODE	PHONE NUMBER	R	EXTENSION		Receipt#	Amount \$
*	PHONE							
		(940)	447-4743				Date Processed	
5	OFFICE						Date Imaged	
	HELD (if any)							
6	OFFICE							
	SOUGHT (if known)	ARCHER COUN	NTY ATTORN	NEY				
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAME		LAST	SUFFIX
	TREASURER NAME	\ .m	TDEM				DEDENID	
		MR.	TREY	A.			BEREND	
8	CAMPAIGN	STREET ADDRESS;		APT / SUITE #;	CITY	<i>(</i> ;	STATE;	ZIP CODE
0	TREASURER	325 HUMPERT	LANE		WINDTH	HORST	TEXAS	76389
	STREET ADDRESS							
((residence or business)							
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	R	EXTENSION			
	PHONE	(940)	235-0365					
		, ,	300000000000000000000000000000000000000					
10	CANDIDATE							
	SIGNATURE	I am aware	of the Nepo	otism Law, Ch	apter 573 c	of the Te	xas Governn	nent Code.
			-f	anaihilituta fil	a tima alu rau	norto oo	required by	title 15 of
		the Election		onsibility to file	e timely rep	ports as	required by	uue 1501
		l am aware	of the restri	ctions in title 1	5 of the Flo	ection C	ode on contr	ibutions
				abor organiza		23(10)11 0	545 511 55110	
			Λ	\cap	1	1	111100	
) and	m &	Bern	α	12	11120	23
		- August	signature of C	Candidate	y •		Date Signe	d
		\		GO TO PAGE	2			
			,	JO IO FAGE	_			

MRS. JORDYN A. BEREND					
COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING					
•• This declaration must be filed the first election to whic	d no later than the 30th day before h the declaration applies. ••				
•• The modified reporting option (An election cycle includes a primary ele	is valid for one election cycle only. •• ection, a general election, and any related runoffs.)				
	of state chair of a political party modified reporting. ••				
I do not intend to accept more that or make more than \$930 in political fees) in connection with any futur cycle. I understand that if either owill be required to file pre-election runoff report.	al expenditures (excluding filing are election within the election one of those limits is exceeded, I				
Year of election(s) or election cycle to which declaration applies	Signature of Candidate				
	COMPLETE THIS SEC CHOOSING MOD This declaration must be filed the first election to which The modified reporting option (An election cycle includes a primary election with any NOT choose I do not intend to accept more that or make more than \$930 in politicates) in connection with any future cycle. I understand that if either of will be required to file pre-election runoff report.				

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

	OFFICE USE ONLY								
[Date Received FILED FOR RECORD T T O'CLOCK								
	DEC 1 2023	Kin							
	KARREN WINTER, COUNTY CLER Date Hand Reliyated CONNOT'S TEXAS	RK.							
•	Date Processed								
	Date Imaged	1							

1 ACCOUNT NUMBER (Ethics Commission Filers) 3 NAME OF CANDIDATE	then read and s	ndidate, complete boxesign page 2.	es 3 - 6, If filing	7 and 8, then rea	MITTEE ommittee, complete ad and sign page 2.
(PLEASE TYPE OR PRINT)	MRS.	JORDYN LAST BEREND		A. SUFFIX (SR.	, JR., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	(940)	PHONE 1		EXTENSION	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	P.O. BOX	APT/SUITE#;	CITY; WINDTHORST,	STATE;	76389
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	ARCHER	COUNTY ATTO	DRNEY		
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., e	etc.) FIRST		мі	
	NICKNAME	LAST		SUFFIX (SR.	, JR., III, etc.)

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER MRS JORDYN** Α NAME Date Receive FILED FOR RECORD NICKNAME LAST SUFFIX 4:47 O'CLOCK BEREND 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE JAN 12 2024 **OFFICEHOLDER** PO BOX 182, WINDTHORST, TX 76389 MAILING **ADDRESS** KARREN WINTER, COUNTY CLE Change of Address ARCHER COUNTY, TEXAS AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER** (940)447-4743 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** TREY MR Date Processed NAME NICKNAME LAST SUFFIX Date Imaged BEREND STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE CAMPAIGN TREASURER 325 HUMPERT LANE, WINDTHORST, TX 76389 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (940 235-0365 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year COVERED 31 23 1 23 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE ARCHER COUNTY ATTORNEY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CAMPAIGN	I FINANCE REPORT	COVER	SHEET PG 2		
15 C/OH NAME JORDYN ANGELA BI		6 Filer ID (Eth	nics Commission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,250.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$	1,393.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	1,250.00		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	350.00		
	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. Signature of Candidate of Officeholder					

Please complete either option below:

this the	, day of,
d seal of office.	
rinted name of officer administering oath	Title of officer administering oath
OR	
, and my date of birth is $\underline{\hspace{0.02cm}}$	MARCH 9, 1990
WINDTHORST TX	
- around	, , , , , , , , , , , , , , , , , , , ,
	, and my date of birth is

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME JORDYN ANGELA BEREND 20 Filer ID (Ethics Community			sion Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,250.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	■ SCHEDULE E: LOANS			350.00	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	1,393.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2 FILER NAME JORDYN A	NGELA BEREND		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC HOLLIE LOGUE	(ID#:)	7 Amount of contribution (\$)				
12/08/2023	6 Contributor address; City; 1306 HUNT ST, WICHITA FAI	State; Zip Code	100.00				
8 Principal occu NURSE	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC SUSAN ELLIOTT	(ID#:)	Amount of contribution (\$)				
12/13/2023 Contributor address; City; State; Zip Code UNKNOWN, WICHITA FALLS, TX			50.00				
la company and the company of the co	ation / Job title (See Instructions) DISTRICT ATTORNEY	Employer (See Instructi BAYLOR COUNTY	ions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
12/14/2023	Contributor address; City; UNKNOWN, BOWIE, TX	State; Zip Code	100.00				
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct DEPARTMENT OF FA	ions) MILY & PROTECTIVE SERVICES				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
12/30/2023	Contributor address; City; 3082 VAN HORN RD, IOWA PA	State; Zip Code	1,000.00				
	pation / Job title (See Instructions) SALESPERSON	Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED				

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

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
JORDYN AN	GELA BEREND					
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0.00			
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
12/05/2023	JORDYN BEREND		100.00			
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00			
a financial Institution?	PO BOX 375, WINDTHORST,	TX 76389				
YIN	, , , , , , , , , , , , , , , , , , , ,		11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
ATTORNEY		LAW OFFICE OF JOS	RDYN A. BEREND, PLLC			
14 Description of Colla	ateral	15 Check if personal fund	ds were deposited into political			
■ none		account (See Instruct	· ·			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
	16 Guarantor address, City,	otate, Zip oode				
 not applicable 						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
12/31/2023	JORDYN BEREND		250.00			
Is lender	Lender address; City;	State; Zip Code	Interest rate			
a financial Institution?	PO BOX 375, WINDTHORST,	TX 76389	0.00			
☐ Y ■ N	To Box ore, with mercer,	17.70000	Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
ATTORNEY		LAW OFFICE OF JORDYN A. BEREND, PLLC				
Description of Colla	ateral	Check if personal fund	ds were deposited into political			
■ none		account (See Instruct	ions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
■ not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category)	lot listed above)
1 Total pages Schedule G: 2	2 FILER NAME JORDYN ANGELA BEREND		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name			
12/01/2023	USPS POST OFFICE 4897900789	WINDTHORST	, TX	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
45.00 Reimbursement from political contributions intended	18504 US-281, WINDTHORST, TX	76389		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD / RENTAL EXPENSE	POST OFFICE	BOX RENTAL	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		office held
Date	Payee name			
12/01/2023	ARCHER COUNTY REPUBLICAN	PARTY		
Amount (\$)	Payee address;	City;	State;	Zip Code
750.00 Reimbursement from political contributions intended 400 N SYCAMORE ST, ARCHER CITY, TX 76310				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	REPUBLICAN	PARTY FILING	G FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	C	Office held
Date	Payee name			
12/03/2023	WINDTHORST KNIGHTS OF COL	.UMBUS # 1824	•	
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	21788 US-281, WINDTHORST, TX	76389		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION / FOOD EXPENSE	NYE DINNER 8	& DANCE COST	+ DONATION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED	

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)

ā a a a a a a a a a a a a a a a a a a a	The Instruction Guide explains now to	complete this form.			
1 Total pages Schedule G: 2	2 FILER NAME JORDYN ANGELA BEREND		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
12/04/2023	ARCHER COUNTY NEWS				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
448.00 Reimbursement from political contributions intended	104 E WALNUT STREET, ARCHE	·	51		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEWSPAPER	ADS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
12/21/2023	HOLLIDAY SENIOR CITIZENS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
50.00 Reimbursement from political contributions intended	201 N WALNUT STREET, HOLLID	AY, TX 76366			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	DONATION / FOOD EXPENSE	SENIOR CITIZE	NS LUNCH COS	T + DONATION	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 10 The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER MRS** JORDYN A FILED FOR RECORD NAME LAST SUFFIX NICKNAME O'CLOCK BEREND 4 CANDIDATE / APT / SUITE #; CITY; STATE: ZIP CODE ADDRESS / PO BOX; **OFFICEHOLDER** PO BOX 182, WINDTHORST, TX 76389 FEB - 2 2024 MAILING De **ADDRESS** Change of Address RK KARREN WINTER, COUNTY CLI PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delige EFER BOURPFY, TEXAS **OFFICEHOLDER** (940 447-4743 PHONE Receipt # Amount \$ MI 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** TREY MR Date Processed NAME LAST SUFFIX NICKNAME Date Imaged **BEREND** STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN **TREASURER** 325 HUMPERT LANE, WINDTHORST, TX 76389 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE CAMPAIGN **TREASURER** PHONE 235-0365 (940 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year Month 10 PERIOD Month Day Year COVERED 26 24 1 24 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE ARCHER COUNTY ATTORNEY 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JORDYN ANGELA B	EREND	16 Filer I	ID (Ethics (Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	600.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 2	2,486.63	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2	2,205.34	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	1,350.00	
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true	and cor	rect and in	cludes all information	
	quired to be reported by me under Title 15, Election code.	1			
	Signature of Ca	ndidate) // W Officeho	nd	
	V				
	Please complete either option below	v :			
(1) Affidavit					
(1) Amauvic					
NOTARY STAMP/SEA	AL .				
Sworn to and subscribed	before me by this the		day of_		
1	which, witness my hand and seal of office.			-	
	-				
Signature of officer administ	ering oath Printed name of officer administering oath		Title of offi	cer administering oath	
OR					
(2) Unsworn Declarat	ion				
My name is JORDYN	ANGELA BEREND, and my date of birth is	MARC	H 9, 199	0	
My address is 325 HUN	MPERT LANE WINDTHORST T	X, 7	6389	, <u>USA</u>	
	(street) (city)		(zip code)	(country)	
Executed in ARCHER	County, State of TEXAS, on the 2NDday of FEBR (month		, ₂₀ 24 (year) ,	
	Landym S	NEK	Mes	1d	
1	Signature of Candi	dateOffie	enolder (Di	eciarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME ORDYN ANGELA BEREND 20 Filer ID (Ethics Con	nmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	■ SCHEDULE E: LOANS	\$	1,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	994.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,454.88
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	36.86
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

SCHEDULE A1

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

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:		
2 FILER NAME JORDYN A	NGELA BEREND	3 Filer ID (Ethics Commission Filers)			
4 Date	DUSTIN NIMZ	e PAC (ID#:)	7 Amount of contribution (\$)		
01/23/2024	6 Contributor address; City; 900 8TH STREET, STE 1230, WICH	500.00			
8 Principal occup	pation / Job title (See Instructions)	etions)			
Date		e PAC (ID#:)	Amount of contribution (\$)		
01/24/2024		State; Zip Code	100.00		
	813 8TH STREET, STE 506, WICH	100.00			
Principal occupation / Job title (See Instructions) ATTORNEY Employer (See Instructions) LAW OFFICE OF TY					
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	stions)		
Date	Full name of contributor out-of-stat	te PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instru			ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E

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

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
_	GELA BEREND				
JORD IN AIN	GELA BENEND				
4 TOTAL OF UN	ITEMIZED LOANS	\$ 0.00			
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
01/18/2024	JORDYN AND TREY BEREN	D	1,000.00		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	PO BOX 375, WINDTHORST,	TY 76380	0.00		
YIN	PO BOX 373, WIND HIGHOR,	TX 70000	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
ATTORNEY		LAW OFFICE OF JOI	RDYN A. BEREND, PLLC		
14 Description of Coll	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political		
■ none		account (See Instituti	lions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
	16 Guarantor address, Sky,				
 not applicable 					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Date of loan	Name of longs	/			
Is lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?					
Y I N			Maturity date		
T Y L- 14					
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	01-11	do ware deposited into activity		
none none	4.0.4.	account (See Instruc	ds were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
			4		
	Guarantor address; City;	State; Zip Code			
not applicable					
	ion (See Instructions)	Employer (See Instructions)			
- Inicipal Occupat	(See mondedone)				
		IES OF THIS SCHEDULE AS NE			
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Others (or the section of the listed shows)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a categor	
ordar dyricin	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME JORDYN ANGELA BEREND		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
01/01/2024	VISTAPRINT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
426.21	275 WYMAN ST #100, WALTHAM, N	1A 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS	& BUSINESS	CARDS
LA LIBITONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/02/2024	ARCHER COUNTY LAW ENFORCE	MENT ASSOC	IATION	
Amount (\$)	Payee address;	City;	State;	Zip Code
150.00	100 LAW ENFORCEMENT WAY, AF	RCHER CITY, T	TX 76351	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION / ADVERTISING	DONATION + FA	CEBOOK & T-SH	IRT ADVERTISING
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/05/2024	VISTAPRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
202.55	275 WYMAN ST #100, WALTHAM, N	/A 02451		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BANNERS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (expenses per listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide		omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:					3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na	ıme				
01/05/2024	AMAZO	N.COM				
6 Amount (\$)	7 Payee ac	ddress;		City;	State;	Zip Code
128.00	410 TEF	RRY AVE N, SEA	ATTLE, WA 9	8109		
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVEF	ADVERTISING EXPENSE YARD SIGN STAKES				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	-	late / Officeholder name		Office sought		Office held
Date	Payee na	ame	DU-1012-1012-1012-1012-1012-1012-1012-101			
01/09/2024	GODAD	DY.COM				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
12.17	2155 E.	WARNER RD, 1	TEMPE, AZ 8	35284		
	Category	(See Categories listed at the t	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVE	RTISING EXPEN	SE	WEBSITE		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	150	late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
01/13/2024	WALGF	REENS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
25.85	2800 SC	OUTHWEST PKV	VY, WICHITA	A FALLS, TX 76	6308	
	Category	(See Categories listed at the t	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPEN	SE	THANK YOU	CARDS	
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oł		date / Officeholder nam	е	Office sought		Office held
	АТ	TACH ADDITIONAL O	OPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Political Credit Card Payment	I Committee	Legal Services Sale The Instruction Guide explains how	w to complete this form.	Other (enter a categor	ory not listed above)
1 Total pages Schedule F1:	2 FILER N			3 Filer ID (Ethic	s Commission Filers)
4 Date 01/16/2024	5 Payee na				
6 Amount (\$)	7 Payee ac		City;	State;	Zip Code
18.11	2155 E.	WARNER RD, TEMPE, A	AZ 85284		
8	(a) Categor	y (See Categories listed at the top of this sched	ule) (b) Description		
PURPOSE OF EXPENDITURE ADVERTISING EXPENSE WEBSITE					
	(c)	Check if travel outside of Texas. Complete Schedul	e T. Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sought		Office held
Date	Payee na	ame			
01/16/2024	VISTAP	RINT			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
32.00	275 WY	MAN ST #100, WALTHA	M, MA 02451		
	Categor	y (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	ADVE	RTISING EXPENSE	THANK YOU	CARDS	
		Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	10 m	date / Officeholder name	Office sought		Office held
Date	Payee r	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this schedu	ule) Description		
		Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	tin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office sought		Office held
	A	TTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: JORDYN ANGELA BEREND 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date IMPRESSIONS SCREENPRINTING 01/08/2024 State: Zip Code City; 8 Payee address; 7 Amount (\$) 1501 MIDWESTERN PARKWAY, SUITE 105A, WICHITA FALLS, TX 76306 1,454.88 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 BANNERS ADVERTISING EXPENSE PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Date State; Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY 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

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
Characters extension out listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labo how to complete this form		ry not listed above)	
1 Total pages Schedule G:	2 FILER NA	AME YN ANGELA BEREND		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee na	me				
01/05/2024	THE	IOME DEPOT				
6 Amount (\$)	7 Payee ad	dress;	City	; State;	Zip Code	
36.86 Reimbursement from political contributions intended		3705 KELL BLVD, WICHITA FALLS, TX 76308				
8	(a) Category	(See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE	SIGN STA	KES		
	(c)	Check if travel outside of Texas. Complete Sche	dule T. Check	if Austin, TX, officeholder living		
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					Office held	
Date	Payee na	me				
Amount (\$)	Payee ac	idress;	City	State;	Zip Code	
Reimbursement from ✓ political contributions intended						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this so	nedule) Descriptio	n		
EXI ENDITORE		Check if travel outside of Texas. Complete Sch	edule T. Check	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	Office sought		Office held	
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code	
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this so	hedule) Descriptio	n		
EXPENDITORE		Check if travel outside of Texas. Complete Sch	edule T. Check	if Austin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name	Office sought		Office held	
	TTA	ACH ADDITIONAL COPIES O	THIS SCHEDULE AS	NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JORDYN	мі А	OFFICE USE ONLY	
NAME	NICKNAME	LAST BEREND	SUFFIX AT	Date Relation FOR RECORD //: 45 O'CLOCK M M	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO BOX 182	APT / SUITE #; , WINDTHORST,	CITY; STATE; ZIP CODE TX 76389	FEB 2 7 2024 KARREN WINTER, COUNTY CLERK	
Change of Address	1051 0005	DHONE NUMBER	EXTENSION	ARCHER COUNTY, TEXAS	
5 CANDIDATE/ OFFICEHOLDER PHONE	(940)	447-4743		Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR	TREY	мі А	Date Processed	
NAME		LAST	SUFFIX		
	NICKNAME	BEREND	00	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (N	NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	325 HUMPE	RT LANE, WIND	THORST, TX 76389		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	235-0365	EXTENSION		
	(3.3)				
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 /	/ 27 / 24	THROUGH 2	/ 24 / 24	
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E	
	Month Day	Year Primar			
	,		Description al Special		
	3 / 5 /	Z4 Gener			
12 055105	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	wn)	
12 OFFICE	C			NTY ATTORNEY	
14 NOTICE FROM POLITICAL				MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FITHEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME		
,		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JORDYN ANGELA B	EREND	16 Filer ID (Et	hics Commission Filers)	
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,800.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	8,011.84	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	557.97	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$	2,650.00	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct a	nd includes all information	
re	quired to be reported by me under Title 15, Election Code.	٨		
	Signature of Ca	andidate or Offi	ceholder	
	Please complete either option below	w:		
(1) Affidavit				
NOTARY STAMP/SEA	AL .			
Sworn to and subscribed	before me by this the	e day	of	
	which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath	Title	of officer administering oath	
OR				
(2) Unsworn Declarate				
My name is JORDYN	ANGELA BEREND, and my date of birth i	MARCH 9,	1990	
My address is 325 HUI	MPERT LANE WINDTHORST 1	TX 7638	9, <u>USA</u>	
Executed in ARCHER	(street) (city)	M. R	(year) (year)	
I				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

go Files ID (Ethics Co	nmico	ion Filere)	
FILER NAME	11111133	ion Filers)	
ORDYN ANGELA BEREND			
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,800.00	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4. SCHEDULE E: LOANS			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	8,011.84	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	

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	s form.	1 Total pages Schedule A1: 3
2 FILER NAME JORDYN A	NGELA BEREND	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor TESSA YATES		out-of-state PAC (ID#:)		7 Amount of contribution (\$)
01/30/2024	6 Contributor address; PO BOX 280, SC	10.7	State; Zip Code D, TX 76379	50.00
8 Principal occupation / Job title (See Instructions) NURSE PRACTITIONER			9 Employer (See Instruct THE WOMEN'S CLIR	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/30/2024		City;	State; Zip Code	100.00
	UNKNOWN, BO	VVI⊏, I.	^	
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instruction DEPARTMENT OF FA	MILY & PROTECTIVE SERVICES
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
02/08/2024	TRYCE BEREND Contributor address;	City;	State; Zip Code	100.00
	PO BOX 1333, GL			100100
	pation / Job title (See Instructions) BANK PRESIDENT		Employer (See Instruction INTERBANK	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/09/2024	STACY KOSUB Contributor address;	City;	State; Zip Code	250.00
	900 8TH ST STE 1030,	WICHITA	FALLS, TX 76301	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruction LAW OFFICE OF S	ttions) TACY KOSUB, PLLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	1 Total pages Schedule A1: 3	
2 FILER NAME JORDYN A	NGELA BEREND		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC SCOTT STILLSON	(ID#:)	7 Amount of contribution (\$)
02/02/2024	6 Contributor address; City; 900 8TH ST STE 1230, WICHITA F	State; Zip Code	500.00
	900 81H ST STE 1230, WICHITAT		
8 Principal occup ATTORNEY	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date		; (ID#:)	Amount of contribution (\$)
02/02/2024	JEAN & SCOTT BEREND Contributor address; City;	State; Zip Code	200.00
	2094 WOLF RD, WINDTHOF	RST, TX 76389	
Principal occup DAIRY	ation / Job title (See Instructions)	Employer (See Instruction SELF	tions)
Date		C (ID#:)	Amount of contribution (\$)
02/09/2024	CYNDI SCHENK Contributor address; City;	State; Zip Code	1,000.00
	503 8TH ST, WICHITA FAL	LS, TX 76301	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc SCHENK, SCHENK	
Date		C (ID#:)	Amount of contribution (\$)
02/13/2024	BURK MORRIS Contributor address; City;	State; Zip Code	400.00
	PO BOX 1065, ARCHER C	ITY, TX 76351	100100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)
ATTORNEY		SELF	

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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: 3		
2 FILER NAME JORDYN A	NGELA BEREND		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC SIMON DWYER	7 Amount of contribution (\$)			
02/13/2024	6 Contributor address; City; State; Zip Code 718 BOWMAN RD, WICHITA FALLS, TX 76308		100.00		
8 Principal occup POLICE OFFI	pation / Job title (See Instructions)	9 Employer (See Instruct			
Date		: (ID#:)	Amount of contribution (\$)		
02/20/2024	JANICE TURNER Contributor address; City; 1510 KAREN LN, IOWA PA	State; Zip Code	Zip Code IUU.UU		
Principal occup	ation / Job title (See Instructions) TOR	Employer (See Instruct			
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E

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

ii tile requested	information is not applicable, 20 110 .				
The I	1 Total pages Schedule E:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	GELA BEREND				
JOND IN AIN					
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0.00		
5 Date of loan	7 Name of lender out-of-state P	9 Loan Amount (\$)			
02/09/2024	JORDYN AND TREY BEREN	1,300.00			
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?			0.00		
Y N	PO BOX 375, WINDTHORST,	IV 10203	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
ATTORNEY		LAW OFFICE OF JOR	RDYN A. BEREND, PLLC		
14 Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)			
none 16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)		
INFORMATION			* *		
	18 Guarantor address; City;	State; Zip Code			
	To Cuaranto acciosa,				
■ not applicable					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
54.00110411		,			
			Interest rate		
Is lender a financial	Lender address; City;	State; Zip Code			
Institution?			Maturity date		
YN					
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Col	ateral	Check if personal funds were deposited into political account (See Instructions)			
■ none		account (See matruct			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
20	Guarantor address; City;	State; Zip Code	1		
not applicable		Employer (See Instructions)			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	EDED		
If I	ender is out-of-state PAC, please see In	struction guide for additional re	eporting requirements.		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitl/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JORDYN ANGELA BEREND 5 Payee name 4 Date 01/30/2024 SAM'S CLUB City; State; Zip Code 7 Payee address; 6 Amount (\$) 3801 KELL EAST BLVD, WICHITA FALLS, TX 76308 8.56 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 WATER BOTTLES **PURPOSE** ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/30/2024 LOWE'S Zip Code City; State: Amount (\$) Payee address; 3301 KELL BLVD, WICHITA FALLS, TX 42.21 Description Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE ZIP TIES & WIRE FOR SIGNS PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 02/01/2024 OFFICE DEPOT Zip Code Amount (\$) Payee address; 3201 LAWRENCE RD, STE 3, WICHITA FALLS, TX 192.67 Category (See Categories listed at the top of this schedule) Description **PURPOSE** FLYERS/HANDOUTS, WATER BOTTLE ADVERTISING EXPENSE OF LABELS **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	- (-	,	
1 Total pages Schedule F1:	2 FILER NAME JORDYN ANGELA BEREND		3 Filer ID (Ethic	s Commission Filers)	
4 Date 02/01/2024	5 Payee name VISTAPRINT				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
683.43	275 WYMAN ST #100, WALTHAM, MA 02451				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought				Office held	
Date	Payee name				
02/01/2024	AMAZON				
Amount (\$)	Payee address;	City;	State;	Zip Code	
90.68	90.68 410 TERRY AVE N, SEATTLE, WA 98109				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGN STAKES			
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	sought Office held		
Date	Payee name				
02/06/2024	AMAZON				
Amount (\$)	Payee address;	City;	State;	Zip Code	
26.68	410 TERRY AVE N, SEATTLE, WA 98109				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGN STAKES			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Credit Card Payment	I Committee	Legal Services The Instruction Guide explains		nges/Contract Labor	Other (enter a catego	ery not listed above)
1 Total pages Schedule F1:					3 Filer ID (Ethics	Commission Filers)
4		M				
4 Date 02/12/2024	ACTION	PRINTING				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
2,687.79	2407 82	ND STREET, LUBBO	CK, TX	79423		
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		DIRECT MAILERS		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
02/16/2024	IMPRES	SIONS SCREEN PR	INTING			
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
1,654.06	1501 MI	DWESTERN PARKW	'AY, SU	ITE 105A, WIC	HITA FALLS	, TX 76306
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVEF	RTISING EXPENSE		BANNERS		
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	g expense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/20/2024	GODAD	DY.COM, LLC				
Amount (\$)	Payee ad	ddress;	-	City;	State;	Zip Code
18.11		6				
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		WEBSITE		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1981	late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	and the same of th

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME JORDYN ANGELA BEREND		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
02/20/2024	META PLATFORMS, INC.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
29.21	1 HACKER WAY, MENLO PARK, CA 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	FACEBOOK ADS			
	(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	Payee name				
02/20/2024	ROYAL THEATER				
Amount (\$)	Payee address;	City;	State;	Zip Code	
200.00	113 E MAIN ST, ARCHER CITY, TX 76351				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	RENTAL			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/23/2024	META PLATFORMS, INC.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
15.31	1 HACKER WAY, MENLO PARK, CA	94025			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	FACEBOOK A	DS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		