City Secretary's Office

| Supplement<br>Officeholder   | tal Report                           |   | FOR<br>Cover She                   | MSR<br>etSR      |
|--|--------------------------------------|---|------------------------------------|------------------|
| 1. CANDIDATE /<br>OFFICEHOLDER<br>NAME                               | MS / MRS / MR                        | FIRST MI<br><b>Jaynie</b>   | Total Pages Filed:     5           |                  |
|  | NICKNAME                             | LAST SUFFIX Schultz   | 3. Office Held  Council District 1 | 1                |
| 4. SUPPLEMENTAL<br>REPORT TYPE                                       | <b>☆</b> January 15                  | c 30th day before election c Runoff c 15th day after campaign treasurer appointment (officeholder only)                         |                                    |                  |
|  | c July 15                            | c 8th day before election c Exceeded \$500 limit  | c Final Report                     |                  |
| 5. PERIOD /<br>COVERED   | 7/1/2021 THROUGH 12/31/2021          |   |                                    |                  |
| 6. ELECTION  | Month Day Year                       |   |                                    |                  |
|  |                                      | c Primary c Runoff $oldsymbol{X}$ (   | General c Spe                      | cial c N/A       |
| 7. OFFICE-<br>HOLDER   | CONTRIBUTION<br>TOTALS               | 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00 |                                    | \$ 0.00          |
|  |                                      | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$0.00                                   |                                    | \$ 0.00          |
|  | EXPENDITURE                          | 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE   | \$ 0.00                            |                  |
|  | TOTALS                               | 4. TOTAL OFFICEHOLDER EXPENDITURES \$ 0.00  |                                    |                  |
| 8. POLITICAL   | CONTRIBUTION<br>TOTALS               | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (<br>LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED                           | ■ ♥ 0.00                           |                  |
| (Campaign)   |                                      | 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$6,000.0                                  |                                    | \$ 6,000.00      |
|  | EXPENDITURE<br>TOTALS                | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED \$0.00   |                                    | \$ 0.00          |
|  |                                      | 8. TOTAL POLITICAL EXPENDITURES   |                                    | \$ 1,855.70      |
| 9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES                     |                                      | 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD  \$ 0.00        |                                    | \$ 0.00          |
| 10. AFFIDAVIT  |                                      | I swear, or affirm, under penalty of perjuits true and correct and includes all information me under Title 15, Election code.   |                                    | , ,              |
| ***ELECTRONICALLY CERTIFIED***                                       |                                      |   |                                    |                  |
| AFFIX NOTARY STAMP / SEAL ABOVE ———————————————————————————————————— |                                      |   |                                    |                  |
| Sworn to and subscribed I  | before me, by the said <b>Jayn</b> i | ie Schultz  | this the11th                       | day              |
| of January , 20  | 0_22, to certify which,              | , witness my hand and seal of office.   |                                    |                  |
| Signature of officer ad  | ministering nath                     | Printed name of officer administering oath  | Title of officer add               | ministering oath |

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

| The Instruction Guide explains how to complete this form.      |  |                           | Total pages Schedule A1: 1 of 2     |  |
|--|--|---------------------------|-------------------------------------|--|
| 2 FILER NAME   |  | 3                         | Filer ID (Ethics Commission Filers) |  |
| Jaynie Schultz   |  |                           |                                     |  |
| 4 Date   | 5 Full name of contributor out-of-state PAC (IDa             | #:                        | 7 Amount of contribution (\$)       |  |
| 07/06/2021   | Tim Byrne  |                           | 1000.00                             |  |
| Campaign   | 6 Contributor address; City; State;                          | Zip Code                  |                                     |  |
| Contribution   | 2000 McKinney Ave Dallas, TX 75201                           |                           |                                     |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employ |  | Employer (See Instruction | er (See Instructions)               |  |
| Date   | Full name of contributor                                     | #:)                       | Amount of contribution (\$)         |  |
| 07/06/2021   | Melanie Byrne  |                           | 1000.00                             |  |
| Campaign   |  | Zip Code                  |                                     |  |
| Contribution   | 2000 McKinney Ave Dallas, TX                                 | ζ 75201                   |                                     |  |
| Principal occup  | pation / Job title (See Instructions)                        | Employer (See Instruction | ns)                                 |  |
| Date   | Full name of contributor                                     | #:)                       | Amount of contribution (\$)         |  |
| 08/02/2021   | Jeff Courtwright   |                           | 1000.00                             |  |
| Campaign   | Contributor address; City; State;                            | · ·                       |                                     |  |
| Contribution   | 6758 Avalon Ave Dallas, TX                                   | ζ 75214                   |                                     |  |
| Principal occu   | pation / Job title (See Instructions)                        | Employer (See Instruction | ns)                                 |  |
| Date   | Full name of contributor out-of-state PAC (ID)               | #:)                       | Amount of contribution (\$)         |  |
| 08/02/2021   | Jeannie Courtwright  |                           | 1000.00                             |  |
| Campaign<br>Contribution                                       | Contributor address; City; State; 6758 Avalon Ave Dallas, TX | Zip Code                  |                                     |  |
| Principal occu   | pation / Job title (See Instructions)                        | Employer (See Instruction | ns)                                 |  |
|  |  |                           |                                     |  |
|  |  |                           |                                     |  |
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|  |  |                           |                                     |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

| The                      | Instruction Guide explains how to complete t | nis form.               | 1 Total pages Schedule A1:<br>2 of 2  |
|--------------------------|--|-------------------------|---------------------------------------|
| 2 FILER NAME             |  |                         | 3 Filer ID (Ethics Commission Filers) |
| Jaynie Schultz           |  |                         |                                       |
| 4 Date                   |  | PAC (ID#:)              | 7 Amount of contribution (\$)         |
| 07/09/2021               | Mack Pogue                                   |                         | 1000.00                               |
| Campaign                 | 6 Contributor address; City; St              | ate; Zip Code           |                                       |
| Contribution             | P.O. Box 1920 Dall                           | as, TX 75221            |                                       |
| 8 Principal occu         | pation / Job title (See Instructions)        | 9 Employer (See Instruc | tions)                                |
| Date                     | Full name of contributor  ut-of-state        | PAC (ID#:)              | Amount of contribution (\$)           |
| 07/09/2021               | Delores Pogue                                |                         | 1000.00                               |
|                          |  | ate; Zip Code           | 1000.00                               |
| Campaign<br>Contribution | 2000 McKinney Ave Dall                       | as, TX 75201            |                                       |
| Controduon               |  | ,                       |                                       |
| Principal occup          | pation / Job title (See Instructions)        | Employer (See Instruc   | tions)                                |
| Date                     | Full name of contributor out-of-state        | PAC (ID#:)              | Amount of contribution (\$)           |
|                          | Contributor address; City; St.               |                         |                                       |
| Principal occup          | pation / Job title (See Instructions)        | Employer (See Instruc   | tions)                                |
|                          |  |                         |                                       |
|                          |  |                         |                                       |
| Date                     | Full name of contributor out-of-state        | PAC (ID#:)              | Amount of contribution (\$)           |
|                          |  |                         |                                       |
|                          | Contributor address; City; St                | ate; Zip Code           |                                       |
|                          |  |                         |                                       |
|                          |  |                         |                                       |
| Principal occup          | pation / Job title (See Instructions)        | Employer (See Instruc   | tions)                                |
|                          |  |                         |                                       |
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|                          |  |                         |                                       |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **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   | complete this form.   |  |  |
|---|---|---|--|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME<br>Jaynie Schultz  | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4 Date  | 5 Payee name  |   |  |  |
| 11/20/2021  | Office Depot  |   |  |  |
| 6 Amount (\$) 348.00 Campaign Funds for Campaign Expenditures | 7 Payee address; City; State; Zip Code<br>5111 Greenville Ave Dallas, TX 75206    |   |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                  | (b) Description   |  |  |
| PURPOSE   | Advertising Expense   | Check if travel outside of Texas. Complete Schedule T.  |  |  |
| OF<br>EXPENDITURE   |   | Check if Austin, TX, officeholder living expense  Campaign Postage  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Ol         | Candidate / Officeholder name<br>H  | Office sought Office held   |  |  |
| Date  | Payee name  |   |  |  |
| 11/16/2021  | Reilly Echols Printing, Inc.  |   |  |  |
| Amount (\$)<br>438.41   | Payee address; City; State; Zip Code  |   |  |  |
| Campaign Funds for Campaign Expenditures                      | 1710 S Harwood St Dallas, TX 75215  |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                  | Category (See Categories listed at the top of this schedule)  Printing Expense    | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Letterhead |  |  |
| Complete ONLY if direct expenditure to benefit C/OI           | Candidate / Officeholder name   | Office sought Office held   |  |  |
| Date  | Payee name  |   |  |  |
| 11/10/2021  | Constant Contact  |   |  |  |
| Amount (\$)<br>21.32  | Payee address; City; State; Zip Code<br>1601 Trapelo Road Waltham, MA 02451       |   |  |  |
| Campaign Funds for<br>Campaign Expenditures                   | 1001 Hapelo Road Waldialli, WA 02431  |   |  |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)  Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T.  |  |  |
| OF<br>EXPENDITURE   |   | Check if Austin, TX, officeholder living expense Email Software   |  |  |
| Complete ONLY if direct expenditure to benefit C/OI           | Candidate / Officeholder name   | Office sought Office held   |  |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **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/Politica                       | al Committee Legal Servi                  | ices Salaries                              | Wages/Contract Labor | Other (enter a category not listed above)              |  |  |
|---|---|--|----------------------|--|--|--|
| Credit Card Payment                                   | The Inst                                  | truction Guide explains how to             | complete this form.  |  |  |  |
| 1 Total pages Schedule F1: 2 of 2                     | 2 FILER NAME<br>Jaynie Schultz            |  |                      | 3 Filer ID (Ethics Commission Filers)                  |  |  |
| 4 Date  | 5 Payee name                              |  |                      |  |  |  |
| 12/13/2021  | Constant Contact                          |  |                      |  |  |  |
| 6 Amount (\$)<br>47.97                                | <b>7</b> Payee address; 1601 Trapelo Road | City; State; Zip Code<br>Waltham, MA 02451 |                      |  |  |  |
| Campaign Funds for<br>Campaign Expenditures           |   |  |                      |  |  |  |
| 8   | (a) Category (See Category                | ories listed at the top of this schedule)  | (b) Description      |  |  |  |
| PURPOSE   | Advertising Expense                       | Advertising Expense                        |                      | Check if travel outside of Texas. Complete Schedule T. |  |  |
| OF<br>EXPENDITURE                                     |   |  | Check if Austi       | n, TX, officeholder living expense                     |  |  |
|   |   |  | Email Software       |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Office                        | eholder name                               | Office sought        | Office held  |  |  |
| Date  | Payee name                                |  |                      |  |  |  |
| 07/16/2021  | Robert Peinado                            |  |                      |  |  |  |
| Amount (\$)   | Payee address;                            | City; State; Zip Code                      |                      |  |  |  |
| 1000.00   | 14725 Preston Rd                          | Dallas, TX 75254                           |                      |  |  |  |
| Campaign Funds for Campaign Expenditures              |   |  |                      |  |  |  |
|   | Category (See Catego                      | ories listed at the top of this schedule)  | Description          |  |  |  |
| PURPOSE<br>OF   | Advertising Expense                       |  |                      | utside of Texas. Complete Schedule T.                  |  |  |
| EXPENDITURE   |   |  |                      | n, TX, officeholder living expense                     |  |  |
|   |   |  | Campaign Sign        |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Office                        | eholder name                               | Office sought        | Office held  |  |  |
| Date  | Payee name                                |  |                      |  |  |  |
|   |   |  |                      |  |  |  |
| Amount (\$)   | Payee address;                            | City; State; Zip Code                      |                      |  |  |  |
|   |   |  |                      |  |  |  |
|   | Category (See Catego                      | ories listed at the top of this schedule)  | Description          |  |  |  |
| PURPOSE<br>OF   |   |  |                      | utside of Texas. Complete Schedule T.                  |  |  |
| EXPENDITURE   |   |  | Check if Austir      | n, TX, officeholder living expense                     |  |  |
|   |   |  |                      |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | <br>Candidate / Office<br> -              | eholder name                               | Office sought        | Office held  |  |  |
|   |   |  |                      |  |  |  |
|   | ATTACH AD                                 | DITIONAL COPIES OF THIS                    | S SCHEDULE AS NEI    | EDED   |  |  |