

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Becky	MI
	NICKNAME	LAST St. John	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2702 W. Kimball Grapevine, TX 76051		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 996-8679
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kim	MI
	NICKNAME	LAST Wilding	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2809 Stonehurst Dr. Grapevine, TX 76051		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 501-7109
9 REPORT TYPE	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 1 / 2021 4 / 22 / 2021		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 1 / 2021	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Trustee Place 2		
13 OFFICE SOUGHT (if known)	Trustee Place 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

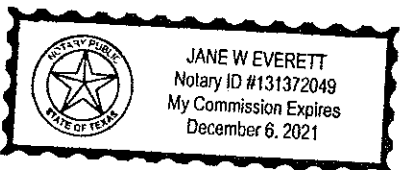
15 C/OH NAME <u>Becky St. John</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1294.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3569.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2191.11</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2594.61</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Becky St. John
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Becky St. John this the 22nd day of April, 2021, to certify which, witness my hand and seal of office.

Jane W. Everett Jane W. Everett Executive Director
Signature of officer administering oath Printed name of officer administering oath 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 <i>Becky St. John</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3569.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2191.11
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Becky St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Russell	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 1805 Camden Green Colleyville TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Noell	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 2819 Springhill Dr. Grapevine TX, 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sioranni Caprighione	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 1352 Ten Bar Trail Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Hudak	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 609 Montreux Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

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: 4
2 FILER NAME Becky St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Cuzzo	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 942 Harbor Ave Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Micciche	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1140 Bally mote St. Dallas, TX 75218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Szendrey	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2228 Lakewood Dr. Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Thode	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2016 Lake Forest Rd. Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Becky St John		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristine Leathers	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6300 Emerald Dr. Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Plowman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 517 Dunn Ct., Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Spivey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3907 Martin Parkway Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Davis	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3281 Rolling Hills Lane Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>Becky St. John</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/14/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephanie Williams</u>	7 Amount of contribution (\$) <u>\$100</u>
6 Contributor address; City; State; Zip Code <u>5205 Braedon Lane Colleyville, TX 76034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Renee Esses</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>501 Magnolia Trail Braperville, TX 76051</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen Deakin</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>4828 Lakeside Dr. Colleyville, TX 76034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Holland</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>6909 Whipperwill Ct. Colleyville, TX 76034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Becky St. John</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/21</i>	5 Payee name <i>The Print Place</i>	
6 Amount (\$) <i>\$309.96</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1130 Avenue HE Arlington, TX 76011</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Door hangers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/16/21</i>	Payee name <i>The Mailroom</i>	
Amount (\$) <i>\$1714.03</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>729 Grapevine Hwy Hurst, TX 76054</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Mailers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/18/21</i>	Payee name <i>Staples</i>	
Amount (\$) <i>\$18.34</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>200 N. Kimball Southlake, TX 76092</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Flyer copies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Becky St. John</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/21</i>	5 Payee name <i>Staples</i>	
6 Amount (\$) <i>59.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>200 N. Kimball Southlake, TX 76092</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Flyer copies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/18/21</i>	Payee name <i>Staples</i>	
Amount (\$) <i>19.32</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>200 N. Kimball Southlake, TX 76092</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Flyer copies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/18/21</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>70.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>One Hacker Way Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Online Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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