

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 MI
Adrian
NICKNAME LAST SUFFIX
A.D. Jenkins

OFFICE USE ONLY

Date Received

Office of Legal Services
Irving ISD

APR 03 2019

RECEIVED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
107 Lida Ct. Grand Prairie TX 75050

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 789-9037

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Sherrie
NICKNAME LAST SUFFIX
Jenkins

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
107 Lida Ct Grand Prairie TX 75050

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 789-9037

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 1 / 19 THROUGH **4 / 2 / 19**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 19 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**District 5 Irving ISD
School Board Trustee**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME A.D. Jenkins 15 Filer ID (Ethics Commission Filers)

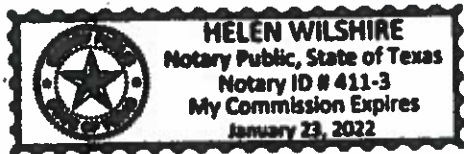
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2017.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 932.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 151 Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said A.D. Jenkins, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

Helen Wilshire Signature of officer administering oath
Helen Wilshire Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME A. D. Jenkins 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1950.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2017.39
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	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 2**

2 FILER NAME

A.D. Jenkins

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/19

5 Full name of contributor

Jerry Jenkins

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

613 Joy Ln Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/19

Full name of contributor

Calvin Jenkins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

864 Nueces Trl Midlothian, TX 76065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/19

Full name of contributor

Anthony Bond

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4109 W Northgate Irving, TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/19

Full name of contributor

Bruce Burns

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

501 McCoys Dr Irving, TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

A.D. Jenkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

5 Full name of contributor

Leo Hull

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

400 La Vida Ct Irving, TX

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

Terry Penn

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$750.00

Contributor address;

City; State; Zip Code

500 Towne Cove Irving 75061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME **A.D. Jenkins**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID# _____)
A.D. Jenkins

9 Loan Amount (\$) **\$1000.00**

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
107 Lida Ct Grand Prairie Tx 75050

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

not applicable

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

Amount Guaranteed (\$)

Principal Occupation (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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3 2 FILER NAME A.D. Jenkins 3 Filer ID (Ethics Commission Filers)

4 Date 3/1/19 5 Payee name Minuteman Press

6 Amount (\$) 186.19 7 Payee address; City; State; Zip Code 940 N Beltline Rd #133 Irving, TX 75061

8 PURPOSE OF EXPENDITURE: Advertising Expense
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description
 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 3/12/19 Payee name Edward S. Patterson Printing

Amount (\$) \$310.00 Payee address; City; State; Zip Code 203 S Beltline Rd Irving, TX 75060

PURPOSE OF EXPENDITURE: Printing Expense
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/13/19 Payee name Minuteman Press

Amount (\$) \$59.54 Payee address; City; State; Zip Code 940 N Beltline Rd #133 Irving TX 75061

PURPOSE OF EXPENDITURE: Printing Expense
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credi Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME A.D. Jenkins	3 Filer ID (Ethics Commission Filers)
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4 Date 3/15/19	5 Payee name Edwards & Patterson
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6 Amount (\$) \$690.00	7 Payee address; City; State; Zip Code 203 S Beltline Rd Irving, TX 75060
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Express	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/19	Payee name Edwards & Patterson
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Amount (\$) \$204.28	Payee address; City; State; Zip Code 203 S Beltline Rd. Irving TX 75060
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/28/19	Payee name Reilly Echols Printing
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Amount (\$) \$267.38	Payee address; City; State; Zip Code 1710 S Harwood St. Dallas, TX 75215
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME A.D. Jenkins	3 Filer ID (Ethics Commission Filers)
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4 Date 3/29/19	5 Payee name Edwards & Patterson
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 203 S Beltline Rd Irving, TX 75061
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED