

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Johnathan W NICKNAME LAST SUFFIX Killebrew	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3880 Helen St. Suite 400 FortWorth TX 76107	Date Received received by Ellie Garcia on 4/1/25 at 3:23 PM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 538-3312	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Jennifer NICKNAME LAST SUFFIX Killebrew	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3880 Helen St. Suite 400 FortWorth, TX 76107	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (714) 585 3377	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 Month Day Year 1 / 1 / 2025 THROUGH 3 / 24 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 2025	ELECTION TYPE <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)	13 OFFICE SOUGHT (if known) TRWD Board	
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>Johnathan Killebrew</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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>24,813.20</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>24,272.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>540.68</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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Johnathan Killebrew this the 1st day of April, 2025, to certify which, witness my hand and seal of office.

Stephanie DeLeon Stephanie DeLeon Office Manager
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>Jonathan Killebrew</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,813. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,272. ⁵²
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

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

Jonathan Killebrew

3 Filer ID (Ethics Commission Filers)

4 Date

02-04-25

5 Full name of contributor

Jonathan Killebrew

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

7 Amount of contribution (\$)

10,000.⁰⁰

6 Contributor address;

City;

State;

Zip Code

41 Bounty Rd W Benbrook TX 76132

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Metro Code, LLC

Date

2-6-25

Full name of contributor

Charlotte Killebrew

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

Amount of contribution (\$)

1.00

Contributor address;

City;

State;

Zip Code

41 Bounty Rd W Benbrook TX 76132

Principal occupation / Job title (See Instructions)

N/A - student

Employer (See Instructions)

N/A - student

Date

2-9-25

Full name of contributor

John Beck

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

Amount of contribution (\$)

52.40

Contributor address;

City;

State;

Zip Code

5332 Rolling Meadows FtWorth TX 76123

Principal occupation / Job title (See Instructions)

Data Engineer

Employer (See Instructions)

Lockheed Martin

Date

2-10-25

Full name of contributor

Tom Killebrew

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

Amount of contribution (\$)

521.15

Contributor address;

City;

State;

Zip Code

608 Bush Dr Whitney TX 76692

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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 Johnathan Killebrew		3 Filer ID (Ethics Commission Filers)
4 Date 2-10-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Killebrew	7 Amount of contribution (\$) 521.15
	6 Contributor address; City; State; Zip Code 608 Bush Dr Whitney TX 76692	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 2-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanne Dellamura	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 3919 Overton Park Dr E Ft Worth TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metro Code LLC - Johnathan Killebrew	Amount of contribution (\$) 10,000.00
	Contributor address; City; State; Zip Code 3880 Hulen St. Suite 400 FortWorth TX 76107	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Metro Code
Date 2-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Killebrew	Amount of contribution (\$) 521.15
	Contributor address; City; State; Zip Code 19711 Robeck St. Tomball TX 77377	
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions) Metro Code, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Johnathan Killebrew		3 Filer ID (Ethics Commission Filers)
4 Date 2-19-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Gutierrez	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 6720 Lahontan Dr Ft Worth TX 76132		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Gutierrez Family
Date 2-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Rodriguez	Amount of contribution (\$) 1,041.98
Contributor address; City; State; Zip Code 14017 Marys Ridge Rd Aledo TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Richardson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1325 Virginia Pl FtWorth TX 76107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 2-26-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Rosie Moncrief	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 777 Taylor St Suite 1030 FtWorth TX 76102		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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 Jonathan K. Albrav		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Hoopingarner	7 Amount of contribution (\$) 469.06
	6 Contributor address; City; State; Zip Code 4204 Mist Flower Way Northlake TX 76226	
8 Principal occupation / Job title (See Instructions) Elevator Inspector		9 Employer (See Instructions) Final Limit Elevator Inspections
Date 3-8-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Cohen	Amount of contribution (\$) 26.35
	Contributor address; City; State; Zip Code 4524 Rush River Tr. Fort Worth TX 76123	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3-9-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Harris	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 2575 Highview Ter Ft Worth TX 76109	
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) University Homes
Date 3-15-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuha Lackan	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 7001 Oakmont Ter Ft Worth TX 76132	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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 F1: 2	2 FILER NAME Jahnathan Killebrew	3 Filer ID (Ethics Commission Filers)
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4 Date 3-15-25	5 Payee name Anedot Services Inc
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6 Amount (\$) 186.45	7 Payee address; 1340 Poydras Street Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Website Merc Fee
	(c) <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
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Date 2-7-25	Payee name Catalyst Advisors Group LLC
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Amount (\$) 7,000	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting fees
	<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 3-20-25	Payee name Catalyst Advisors Group LLC
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Amount (\$) 17,076.07	Payee address; 1108 Lavaca St 110-506	City; Austin	State; TX	Zip Code 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs and cards
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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 F1: 2	2 FILER NAME Jonathan Killebrew	3 Filer ID (Ethics Commission Filers)
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4 Date 2-28-25	5 Payee name Frost Bank
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6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 5055 Edwards Ranch Fort Worth TX 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Bank Monthly Service Charge
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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