

# 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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Anthony	C
	NICKNAME	LAST	SUFFIX
	Tony	Grimes	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 166176		Irving TX 75016
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	315-3151	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Jearlene	
	NICKNAME	LAST	SUFFIX
		Miller	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	2801 N. Britain Road		Irving TX 75062
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	732-6707	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	1	27	22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	7	22
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	IISD School Board Trustee Dist. 6	Irving City Council District 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

RECEIVED

APR 07 2022

City Secretary's Office

Date Hand-delivered or Date Postmarked  
*HD 4/7/22 11:15am*

Receipt #	Amount \$
Date Processed <i>Approved by JA 4.19.2022</i>	
Date Imaged	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

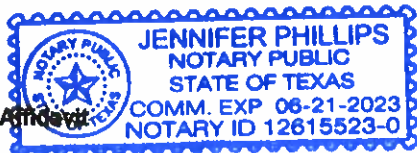
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Anthony C. Grimes		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. 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)	\$ 5,550.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 140.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,910.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,423.59
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) *Administer*

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tony Grimes this the 7th day of April, 2022, to certify which, witness my hand and seal of office.

*[Signature]* \_\_\_\_\_  
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**

<b>19 FILER NAME</b> Anthony C. Grimes	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,550.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 951.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 819.32
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

**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: <b>3</b>
2 FILER NAME <b>Anthony C. Grimes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/04/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mark Brown</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
	6 Contributor address; City; State; Zip Code <b>2617 Still Meadow Rd., Irving, TX 75060</b>	
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>04/01/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John &amp; Kate Dziminski</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>3947 Vinecrest, Dallas, TX 75229</b>	
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>Rosewood Corporation</b>
Date <b>03/15/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Debbi Haacke</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>7750 N. MacArthur Blvd., Ste. 120 Irving, TX 75063</b>	
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>Transunion</b>
Date <b>04/04/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tim and Elizabeth Harris</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>4000 Windsor Ave., Dallas, TX 75205</b>	
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Rosewood Corporation</b>

**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: <b>3</b>
2 FILER NAME <b>Anthony C. Grimes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/14/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Linda Lydia</b> 6 Contributor address; City; State; Zip Code <b>1332 Bow Creek Dr., Duncanville, TX 75116</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Real Estate</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>03/08/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Putnam</b> Contributor address; City; State; Zip Code <b>1425 W. Pioneer Dr., #114, Irving, TX 75061</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>04/05/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Putnam</b> Contributor address; City; State; Zip Code <b>1425 W. Pioneer Dr. #114, Irving, TX 75061</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>02/14/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve and Marcy Sands</b> Contributor address; City; State; Zip Code <b>4001 Beverly, Dallas, TX 75205</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Chairman of the Board</b>		Employer (See Instructions) <b>Rosewood Corporation</b>

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# 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/18/2022	<b>5</b> Payee name 29 Ink LP	
<b>6</b> Amount (\$) <b>951.00</b>	<b>7</b> Payee address; City; State; Zip Code P. O. 166176 Irving TX	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Campaign Signs & Door Hangers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> 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 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.

<b>1</b> Total pages Schedule G: 1		<b>2</b> FILER NAME Anthony C. Grimes		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/12/2022		<b>5</b> Payee name Texas Democrats			
<b>6</b> Amount (\$) 135.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; P.O. Box 15707		City; Austin	State; TX
				Zip Code 78761	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Texas Voter File		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/26/2022		Payee name National Pen Co., LLC			
Amount (\$) 159.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; P. O. Box 847203		City; Dallas	State; TX
				Zip Code 75284	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ink Pens - (Marketing)		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/24/2022		Payee name 29 Ink, LP			
Amount (\$) 524.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; P. O. Box 166176		City; Irving	State; TX
				Zip Code 75016	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Business Cards & Signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: <b>3</b>
2 FILER NAME <b>Anthony C. Grimes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/22/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lely White</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>820 N. Britain Road, Apt. 315, Irving, TX 75061-7672</b>	

8 Principal occupation / Job title (See Instructions) <b>College Librarian</b>	9 Employer (See Instructions) <b>Retired</b>
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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)
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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)
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