

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Jennifer	MI D
	NICKNAME	LAST Key	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	12630 Hunting Briar Dr Houston Tx 77099		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	888-9627	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Jennifer	
		Key	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	12630 Hunting Briar Dr Houston Tx 77099		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	888-9627	
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
	10	02	2021
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 02 / 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)	13 OFFICE SOUGHT (if known)	
	Alief ISD Trustee Position		
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		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received
ALIEF ISD

OCT 25 2021

RECEIVED

Date Hand-delivered or Date Postmarked
@4:07pm - E. King

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Jennifer Key</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>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>833.73</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Jennifer D. Key
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jennifer Key, and my date of birth is 02/08/1957
 My address is 12630 Hunting Bojar Dr. Houston, TX 77099, U.S.A.
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 25th day of October, 2021.
(month) (year)

Jennifer Key
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jennifer Key</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>∅</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>∅</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>833.73</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>∅</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>∅</i>

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 3	2 FILER NAME Jennifer D Key	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0
5 Date 9-20-2021	6 Payee name Vista Print	
7 Amount (\$) 48.00	8 Payee address; 9250 Red Rock Rd	City; State; Zip Code Reno NV 89506
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Post Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jennifer D Key	Office sought Alief ISD School Board Position 6
Date 9-20-2021	Payee name Vista Print	
Amount (\$) 558.58	Payee address; 9250 Red Rock Rd	City; State; Zip Code Reno NV 89506
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	(c) <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 Jennifer D Key	Office sought Alief ISD School Board Pos 6 Same

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 3	2 FILER NAME Jennifer D Key	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date 9-20-2021	6 Payee name Vista Print
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7 Amount (\$) 916.25	8 Payee address: 9250 Red Rock Rd	City: Reno	State: NV	Zip Code 89506
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Back Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jennifer D Key	Office sought Alien ISD School Board Pos 6	Office held Same
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Date 9-20-2021	Payee name Vista Print
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Amount (\$) 216.99	Payee address: 9250 Red Rock Rd	City: Reno	State: NV	Zip Code 89506
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	<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 Jennifer D Key	Office sought Alien ISD School Board Pos 6	Office held Same
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

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1 Total pages Schedule F2: 3	2 FILER NAME Jennifer D Key	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 7

6 Date 9-27-2021	6 Payee name Amazon		
7 Amount (\$) 103.89	8 Payee address; Amazon.com	City: web based purchase	State: Zip Code

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Wire Frames for Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jennifer P Key	Office sought Atief ISD School Board Pres	Office held Same
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Date	Payee name		
Amount (\$)	Payee address;	City;	State: Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
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