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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS | FIRST: JABRANICA | MI: W

NICKNAME: NIKKI | LAST: STROBA | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX | APT / SUITE #. | CITY | STATE | ZIP CODE

823 VALLEYBROOKE DR. ARLINGTON, TX 76001

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (682) | PHONE NUMBER: 225-2541 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS. | FIRST: MELODIE | MI: G

NICKNAME: | LAST: MORRIS | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE #. | CITY | STATE | ZIP CODE

123 MILL CREEK DR ARLINGTON, TX 76010

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 929-4359 | EXTENSION:

9 REPORT TYPE

- [ ] January 15
- [x] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Excessive Modified Reporting Limit
- [ ] Final Report (Attach EXIII - 1 R)

10 PERIOD COVERED

Month / Day / Year: 2 / 17 / 23 THROUGH 3 / 27 / 23

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 6 / 23

ELECTION TYPE:

- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [x] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TCCD5 TRUSTEE

14 NOTICE FROM POLITICAL COMMITTEE(S)

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: GENERAL / SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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
JABRANICA W NIKKI STROBA

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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,720.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 211.09
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,508.91
OUTSTANDING LOAN TOTALS	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.

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 JABRANICA W STROBA, and my date of birth is 1/31/1982.

My address is 823 VALLEYBROOKE DR. (street) ARLINGTON (city) TX (state) 76001 (zip code) USA (country)

Executed in TARRANT County, State of TX, on the 2 day of APRIL (month) 2023 (year)

Jabranica W. Stroba
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
JABRANICA W STROBA	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 ■ SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 2,720.00
2. SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3 SCHEDULE B PLEDGED CONTRIBUTIONS	$ 0.00
4. SCHEDULE L LOANS	$ 0.00
5 ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 211.09
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. SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
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: 5

2 FILER NAME: JABRANICA W STROBA

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
02/24/2023	SUSAN VALIANT	1910 LEIGHTON DR. ARLINGTON, TX 76015	50.00		
02/24/2023	HECTOR CASANOVA	6501 SHOREWOOD DR ARLINGTON TX 76016	100.00		
02/24/2023	LONG PHAM	PO BOX 182436 ARLINGTON TX 76096	20.00		
02/24/2023	STEVE EKLUND	4740 OAKCLUB DR ARLINGTON TX 76017	50.00		

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

2 FILER NAME
JABRANICA W STROBA

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC ID#)	7 Amount of contribution ($)
03/07/2023	BRENT WOLFSKILL 6 Contributor address; City; State; Zip Code 4214 SCOTLAND DR GRAND PRAIRIE, TX 75052	100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#)	Amount of contribution ($)
03/07/2023	PATRICIA VICK Contributor address; City; State; Zip Code 5304 ELM ST COLLEYVILLE TX 76034	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#)	Amount of contribution ($)
03/09/2023	DEAN MORRIS Contributor address; City; State; Zip Code 123 MILL CREEK DR. ARLINGTON TX 76010	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#)	Amount of contribution ($)
03/09/2023	MELODIE MORRIS Contributor address; City; State; Zip Code 123 MILL CREEK DR. ARLINGTON TX 76010	100.00

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

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.

2 FILER NAME
JABRANICA W STROBA

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	7 Amount of contribution ($)
03/09/2023	DANIEL PHIPPS 6 Contributor address, City, State, Zip Code 1615 HILLTOP PANTEGO, TX 76013	100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out of state PAC (ID#)	Amount of contribution ($)
03/09/2023	ERIK GOVER Contributor address, City, State, Zip Code 1709 ROBIN RD PANTEGO TX 76013	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
03/09/2023	JASON BYRD Contributor address, City, State, Zip Code 823 VALLEYBROOKE DR. ARLINGTON TX 76001	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out of state PAC (ID#)	Amount of contribution ($)
03/09/2023	BRENDA WHITE Contributor address, City, State, Zip Code 1313 VANDERBILT DR KELLER TX 76262	100.00
Principal occupation / Job title (Se 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

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

2 FILER NAME
JABRANICA W STROBA

3 Filer ID (Ethics Commission Filers)

4 Date
03/09/2023

5 Full name of contributor — out-of-state PAC ID#
EZEKIEL WALKER

6 Contributor address — City — State — Zip Code
648 PARKWAY BLVD COPPELL TX 75019

7 Amount of contribution ($)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/09/2023

Full name of contributor — out-of-state PAC ID#
JOSHUA WALKER

Contributor address — City — State — Zip Code
6316 WOODBINE DR. FT WORTH TX 76112

Amount of contribution ($)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2023

Full name of contributor — out-of-state PAC ID#
EMMANUEL WALKER

Contributor address — City — State — Zip Code
520 SAMUELS AVE #5402 FT WORTH TX 76102

Amount of contribution ($)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2023

Full name of contributor — out-of-state PAC ID#
ELIZABETH WALKER

Contributor address — City — State — Zip Code
3 ADDISON CT MANSFIELD TX 76063

Amount of contribution ($)
100.00

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

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

2 FILER NAME
JABRANICA W STROBA

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID# ____)	7 Amount of contribution ($)
03/15/2023	DORRIE O'BRIEN 6 Contributor address, City, State, Zip Code 4324 GRASON DR. GRAND PRAIRIE TX 75052	200.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID# ____)	Amount of contribution ($)
03/16/2023	CHRISTIE REED Contributor address, City, State, Zip Code 4600 ALEXANDRIA DR. COLLEYVILLE TX 76034	1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID# ____)	Amount of contribution ($)
03/24/2023	PAMELA JOYCE Contributor address, City, State, Zip Code 2600 FEATHERSTONE CT ARLINGTON TX 76001	100.00
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.

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expenses
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Petty Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitations/Fundraising Expenses
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: 1	2 FILER NAME JABRANICA W STROBA	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2023	5 Payee name ANEDOT	
6 Amount ($) 16.90	7 Payee address; City. State; Zip Code 5555 HILTON AVE BATON ROUGE LA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description ONLINE DONATIONS SERVICE FEES CHARGED BY ANEDOT
	(c) 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 03/09/2023	Payee name FT. WORTH HIGHTECH SIGNS CO.	
Amount ($) 340.99	Payee address. City. State; Zip Code 3120 BONNIE DR FT WORTH TX 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 4" X 6" POST CARDS & GRAPHIC DESIGN
	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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

2

GATES, REGINALD

From: Melodie Morris <mgmdem@hotmail.com>
Sent: Sunday, April 02, 2023 8:11 PM
To: GATES, REGINALD
Subject: Modified C/OH Report
Attachments: Modified COH Report.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Please find attached. When filling out number of pgs. overlooked a back page. There are officially 8 pages, not 7.

If there are questions, Please don't hesitate to contact me.

Sincerely,
Melodie Morris
817.929.4359

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 (if has Commission Filer):

2 Total pages filed: 7

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms	FIRST: Jabranica	MI: W	
	NICKNAME: Nikki	LAST: Stroba	SUFFIX:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS (Change of Address)	ADDRESS / PO BOX: 823 Valleybrooke Dr.,	APT / SUITE #:	CITY: Arlington ,	STATE: TX ZIP CODE: 76001
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (682)	PHONE NUMBER: 225-2541	EXTENSION:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs.	FIRST: Melodie	MI: G	
	NICKNAME:	LAST: Morris	SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 123 Mill Creek Dr.,	APT / SUITE #:	CITY: Arlington,	STATE: TX ZIP CODE: 76010
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817)	PHONE NUMBER: 929-4359	EXTENSION:	

9 REPORT TYPE

- [ ] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [x] Extended Modified Reporting Limit
- [ ] Final Report (Attach C/OH FR)

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
2	17	23	THROUGH	3	9	23

11 ELECTION

ELECTION DATE: Month 5 / Day 6 / Year 23

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [x] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): TCCD5 Trustee

14 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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
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
Ms. Jabranica W. Nikki Stroba

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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,420.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,420.00
OUTSTANDING LOAN TOTALS	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

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 Jabranica W Stroba, and my date of birth is 1/31/1982

My address is 823 Valleybrooke Dr. (street), Arlington (city), TX (state), 76001 (zip code), USA (country)

Executed in TARRANT County, State of TX, on the 28 day of MARCH (month), 2023 (year).

Jabranica W. Stroba

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
MS. JABRANICA W. STROBA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,420.00
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. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
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 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
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: 4

2 FILER NAME: Ms. Jabranica W. "Nikki" Stroba

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
2/24/2023	Susan Valiant	1910 Leighton Dr. Arlington TX 76015	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/2023	Hector Casanova		$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/2023	Long Pham	P.O. Box 182436 Arlington TX 76096	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/23	Steve Eklund	4740 Oak Club Dr. Arlington TX 76017	$50.00

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

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: Ms. Jabranica W. "Nikki" Stroba

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
3/9/2023	Dean Morris	123 Mill Creek Dr Arlington TX 76010	$100.—

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/9/2023	Melodie Morris	123 Mill Creek Dr Arlington TX 76010	$100.—

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/9/2023	Daniel Phipps	1615 Hill Top Pantego TX 76013	$100.—

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/9/2023	ERIK Gover	1709 Robin Rd. Pantego TX 76013	$100.—

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

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: Jabranica W. Streba "Nikki"

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out of state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
3/9/2023	Jason Byrd	223 Valleybrook Dr Arlington TX 76001	$100.00		
Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3/9/2023	Brenda White	1313 Vanderbilt Dr. Keller TX 76262	$100.00		
Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3/9/2023	Ezekiel Walker	1648 Parkway Blvd Coppell TX 75019	$400.00		
Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3/7/2023	Patricia Vick		$100.00		

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: Ms. Jabranica W. Straba "NiKki"

3 Filer ID (Ethics Commission filers)

4 Date: 3/7/2023

5 Full name of contributor: Brent Wolfskill

☐ out-of-state PAC (ID# _____)

6 Contributor address: City: State: Zip Code:

7 Amount of contribution ($): $100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code:

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code:

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code:

Amount of contribution ($)

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.

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit 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
Solicitations/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: 1	2 FILER NAME: Jabranica W. Stroba "Nikki"	3 Filer ID (Ethics Commission Filers)
4 Date: 3	5 Payee name: Anedot	
6 Amount ($): $10.00	7 Payee address: 5555 Hilton Ave	City: Baton Rouge; State: LA.; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fees	(b) Description: Online Donation Collections Service
	(c) ☐ 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	Payee name	
Amount ($)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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	Payee name	
Amount ($)	Payee address:	City; State; Zip Code
PURPOSE OF EXPENDITURE	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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	(MS) / MRS / MR FIRST: Jabranica; MI: W NICKNAME: "Nikki"; LAST: Stroba; SUFFIX:	Date Received
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☒ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify)	Date Hand Delivered or Date Postmarked Receipt # / Amount $
5 ORIGINAL PERIOD COVERED	Month Day Year: 2 / 17 / 23 THROUGH Month Day Year: 3 / 9 / 23	Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

A1 Hector Casanova - did not have address
" Patricia Vick - did not have address
" Brent Wolfskill - did not have address
F1 - Did Not have correct amt. of fees charged

pg 3. Did not put in F1 Amts. This was the 1st report & I was very concerned to get it sent as it was modified.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable.

☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.

☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith

_____
Signature of Candidate/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 Jabranica W. Stroba and my date of birth is 1/31/1982

My address is 823 Valleybrooke Dr. (street), Arlington (city), TX (state), 76001 (zip code), USA (country)

Executed in Tarrant County, State of TX, on the 2 day of April (month), 20 23 (year)

Jabranica W. Stroba
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Food
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: 1	2 FILER NAME Jabranica W. Stroba "Nikki"	3 Filer ID (Ethics Commission Filers)
4 Date 3	5 Payee name: Anedot	
6 Amount ($) $10.00	7 Payee address: 5555 Hilton Ave	City: Baton Rouge State: LA. Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donation Collections Service
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount ($)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	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	Payee name	
Amount ($)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	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

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 Ms. Jabranica W. Straba "Nikki"

3 Filer ID (Ethics Commission filers)

4 Date 3/7/2023

5 Full name of contributor [ ] out of state PAC (ID# _____)
Brent Wolfskill

6 Contributor address: City: State: Zip Code

7 Amount of contribution ($) $100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor [ ] out of state PAC (ID# _____)

Contributor address: City: State: Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor [ ] out-of-state PAC (ID# _____)

Contributor address: City: State: Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor [ ] out of state PAC (ID# _____)

Contributor address: City: State: Zip Code

Amount of contribution ($)

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

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: Jabranica W. Streba "Nikki"

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out of state PAC (ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
3/9/2023	Jason Byrd	823 Valleybrook Dr Arlington TX 76001	$100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/9/2023	Brenda White	1313 Vanderbilt Dr. Keller TX 76262	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/9/2023	Ezekiel Walker	648 Parkway Blvd Coppell TX 75019	$400.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
3/7/2023	Patricia Vick		$100.00

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

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: Ms. Jabranica W. "Nikki" Stroba

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
2/24/2023	Susan Valiant	1910 Leighton Dr. Arlington TX 76015	$50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/2023	Hector Lasancua		$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/2023	Long Pham	PO. Box 182436 Arlington TX 76096	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/24/23	Steve Eklund	4740 Oak Club Dr. Arlington TX 76017	$50.00

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.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
Ms. Jabranica W. Nikki Stroba

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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,420.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,420.00
OUTSTANDING LOAN TOTALS	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.

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 Jabranica W Stroba, and my date of birth is 1/31/1982.

My address is 823 Valleybrooke Dr. (street), Arlington (city), TX (state), 76001 (zip code), USA (country)

Executed in TARRANT County, State of TX, on the 28 day of MARCH (month), 2023 (year).

Jabranica W. Stroba

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
MS. JABRANICA W. STROBA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,420.00
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 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
10 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
1 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
2 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00