

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: Mr. FIRST: Jim MI: S | OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-90deg); transform-origin: center;"> 2025 APR -3 AM 9:38 CITY SECRETARY </div> | |
| | NICKNAME: _____ LAST: Dilley SUFFIX: _____ | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: 4522 Village Park Drive APT / SUITE #: _____ CITY: Pasadena, TX STATE: 77504 ZIP CODE | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (346) PHONE NUMBER: 313-0153 EXTENSION: _____ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr. FIRST: Heath MI: G | Date Hand-delivered: _____ Date Postmarked: _____ | |
| | NICKNAME: _____ LAST: Harvey SUFFIX: _____ | Receipt # _____ Amount \$ _____ | |
| Date Processed _____ | 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | |
| STREET ADDRESS (NO PO BOX PLEASE): 7703 Leighton Trail APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: Pasadena, TX 77505 | | Date Imaged _____ | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (832) PHONE NUMBER: 248-9470 EXTENSION: _____ | 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 THROUGH Month Day Year 1 / 1 / 25 4 / 3 / 25 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 3 / 25 | ELECTION TYPE <input checked="" 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) Pasadena City Council District G | |
| 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 | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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

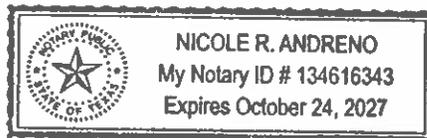
| | | |
|----------------------------|---|--|
| 15 C/OH NAME Jim Dilley | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 3,580.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,277.39 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,612.64 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 3,580.00 |
| 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.

Jim S. Dilley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jim Dilley this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Nicole R. Andreno Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jim S. Dilley, and my date of birth is [REDACTED]

My address is 4522 Village Park Drive, Pasadena, TX, 77504, Harris
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of Texas, 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 Jim S. Dilley | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,580.00 |
| 2 | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,697.39 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,612.64 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8 | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | 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:

2 FILER NAME

Jim S Dilley

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/2025

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

Sand, Gravel and Mulch

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

500 Genoa Red Bluff Houston, TX 77034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/24/2025

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

Johnny Isabel

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2025

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

JLCD, LLC

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

3802 Center St. Deer Park, TX 77536

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2025

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

Gary H. Harvey

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

4214 Alecia Dr. Pasadena, TX 77503

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 |
| 2 FILER NAME Jim S Dilley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/28/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Randall and Carla Moody 6 Contributor address; City; State; Zip Code 4631 Nations Pasadena, TX 77505 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor out-of-state PAC (ID#: _____) American Cranio Facial Association Contributor address; City; State; Zip Code 827 Bayridge Morgan's Point La Porte, TX 77571 | Amount of contribution (\$) 140.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/08/2025 | Full name of contributor out-of-state PAC (ID#: _____) Jennifer Meekins Contributor address; City; State; Zip Code 5518 Elden Trail, Pasadena, TX 77505 | Amount of contribution (\$) 700.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/28/2025 | Full name of contributor out-of-state PAC (ID#: _____) Marc Glenn Contributor address; City; State; Zip Code 4507 Village Park Drive, Pasadena, TX 77504 | Amount of contribution (\$) 140.00 |
| 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. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME Jim S Dilley | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 2,697.39 | |
| 5 Date 03/03/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MBI Global Management | 8 Amount of Contribution \$ 2,697.39 | 9 In-kind contribution description Yard Signs, H bar metal stake & door hangers |
| 7 Contributor address; City; State; Zip Code 5802 Holly St. Suite G Houston, TX 77074 | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|--|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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 FILER NAME Jim S Dilley | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|------------------------------|---------------------------------------|

| | |
|----------------------|------------------------------------|
| 4 Date 03/08/2025 | 5 Payee name Deer Park Printing |
|----------------------|------------------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) 2,412.94 | 7 Payee address; City; State; Zip Code 2602 Center St. Deer Park, TX 77505 |
|---------------------------|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Yard Signs, H metal stake, door hangers |
| | (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 |
| | | City Council District G | |

| | |
|--------------------|----------------------------|
| Date 03/27/2025 | Payee name Office Depot |
|--------------------|----------------------------|

| | |
|-----------------------|---|
| Amount (\$) 134.75 | Payee address; City; State; Zip Code 3931 FAIRWAY PLAZA DRIVE Pasadena, TX 77505 |
|-----------------------|---|

| | | |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Cards |
| | (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 | Office sought | Office held |
| | | City Council District G | |

| | |
|--------------------|--------------------------|
| Date 03/10/2025 | Payee name Fast Signs |
|--------------------|--------------------------|

| | |
|----------------------|---|
| Amount (\$) 64.95 | Payee address; City; State; Zip Code 6823 Spencer Hwy, Ste B Pasadena, TX 77505-1770 |
|----------------------|---|

| | | |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description 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 | Office sought | Office held |
| | | City Council District G | |

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