

# 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: <b>11</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Corinne</b>	MI <b>N. W.</b>	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME	LAST <b>Fiagome</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
<input type="checkbox"/> Change of Address	<b>3120 Ridge Trace Circle Mansfield TX 76063</b>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>769-2688</b>	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Charlene</b>	MI	Receipt #      Amount \$			
	NICKNAME	LAST <b>Hurst</b>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	Date Imaged			
	<b>612 Dover Heights Trail</b>		<b>Mansfield TX 76063</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>899-1184</b>	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
	<b>01</b>	<b>19</b>	<b>2021</b>		<b>03</b>	<b>22</b>	<b>2021</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	<b>05</b>	<b>01</b>	<b>2021</b>	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				<b>Place 4, Mansfield ISD Board of Trustees</b>			
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

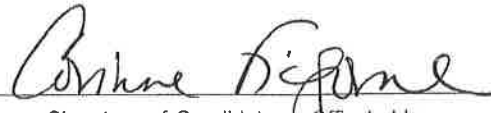
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Corinne Nicole Wallace Fiagome		<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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,950.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 9.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,684.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,978.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

**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.

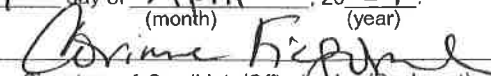
Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Corinne Nicole Wallace Fiagome and my date of birth is 7/30/1978  
 My address is 3120 Ridge Trace Circle, Mansfield, TX, 76063, USA  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 1st day of April, 20 21.  
(month) (year)

  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <p style="text-align: center;">Corinne Nicole Wallace Fiagome</p>		<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	\$ 4950.00
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	\$ 7925.09
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1750.00
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: <b>3</b>
2 FILER NAME <b>Corinne Nicole Wallace Fiagome</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Butler</b>	7 Amount of contribution (\$) <b>10.00</b>
6 Contributor address; City; State; Zip Code <b>5125 Crestwater Drive Mansfield TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LaShanda Reed-Larry</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2110 Crestwood Trail Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amelia Flowers</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>6723 Ambercrest Drive Arlington TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gayle Jones</b>	Amount of contribution (\$) <b>5.00</b>
Contributor address; City; State; Zip Code <b>1550 North Main Lot 7 Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Corinne Nicole Wallace Fiagome</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alecia Daniel</b>	7 Amount of contribution (\$) <b>5.00</b>
6 Contributor address; City; State; Zip Code <b>1720 Treasure Cay Drive Mansfield TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marisela Aramino</b>	Amount of contribution (\$) <b>5.00</b>
Contributor address; City; State; Zip Code <b>900 Hilton Drive Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scherron Richard</b>	Amount of contribution (\$) <b>5.00</b>
Contributor address; City; State; Zip Code <b>9117 Post Oak Court Arlington TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shawan Hagan-Cole</b>	Amount of contribution (\$) <b>5.00</b>
Contributor address; City; State; Zip Code <b>605 Poplar Vista Lane Arlington TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Corinne Nicole Wallace Fiagome</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ebony M. Turner</b> 6 Contributor address; City; State; Zip Code <b>615 Manchester Drive                  Mansfield TX 76063</b>	7 Amount of contribution (\$) <b>5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nicole Simmons</b> Contributor address; City; State; Zip Code <b>3206 Sgt Pepper Court                  Mansfield TX 76063</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leila Santillan</b> Contributor address; City; State; Zip Code <b>962 Prairie Timber Road                  Burleson TX 76028</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Friends of Bridgett Hudson</b> Contributor address; City; State; Zip Code <b>430 Buckingham Rd. Apt. 1623                  Richardson, TX 75081</b>	Amount of contribution (\$) <b>4800.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Corinne Nicole Wallace Fiagome</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/15/2021</b>	<b>5</b> Payee name <b>Adobe Inc.</b>	
<b>6</b> Amount (\$) <b>88.20</b>	<b>7</b> Payee address; City; State; Zip Code <b>345 Park Ave San Jose, CA 95110</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Subscription to Adobe Illustrator/Stock Software</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <span style="float:right">Office held</span>

Date <b>3/12/2021</b>	Payee name <b>TaylorMade</b>	
Amount (\$) <b>2144.16</b>	Payee address; City; State; Zip Code <b>2363 US 287 Frontage Road Suite 106, Mansfield, TX 76063</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs, Magnets and Buttons</b>
	<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 <span style="float:right">Office held</span>

Date <b>3/10/2021</b>	Payee name <b>Artistic Embodiment</b>	
Amount (\$) <b>175.00</b>	Payee address; City; State; Zip Code <b>2939 Bahia Grand Prairie, TX 75054</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Sign Design</b>
	<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 <span style="float:right">Office held</span>

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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: <u>4</u>	<b>2</b> FILER NAME <b>Corinne Nicole Wallace Fiagome</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/10/2021</b>	<b>5</b> Payee name <b>TaylorMade</b>	
<b>6</b> Amount (\$) <b>467.06</b>	<b>7</b> Payee address; City; State; Zip Code <b>2363 US 287 Frontage Road Suite 106, Mansfield, TX 76063</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>T-Shirts</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <span style="float:right">Office held</span>

Date <b>3/01/2021</b>	Payee name <b>Wix.com</b>	
Amount (\$) <b>37.34</b>	Payee address; City; State; Zip Code <b>100 Gansevoort St, New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website subscription</b>
	<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 <span style="float:right">Office held</span>

Date <b>2/26/2021</b>	Payee name <b>Leadership for Educational Equity</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>1805 7th Street NW Washington, DC 20001</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign Services</b>
	<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 <span style="float:right">Office held</span>

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.

<b>1</b> Total pages Schedule F1: <u>4</u>	<b>2</b> FILER NAME <b>Corinne Nicole Wallace Fiagome</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/2021	<b>5</b> Payee name Artistic Embodiment	
<b>6</b> Amount (\$) 875.00	<b>7</b> Payee address; City; State; Zip Code 2939 Bahia Grand Prairie, TX 75054	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Design Services
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <span style="float:right">Office held</span>
Date 2/25/2021	Payee name Mansfield Area Chamber of Commerce	
Amount (\$) 40.00	Payee address; City; State; Zip Code 114 N Main St, Mansfield, TX 76063	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet the Candidate Luncheon Fee
	<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 <span style="float:right">Office held</span>
Date 2/16/2021	Payee name Adobe Inc.	
Amount (\$) 34.09	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Adobe Illustrator Subscription
	<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 <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Corinne Nicole Wallace Fiagome</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/10/2021</b>	<b>5</b> Payee name <b>TaylorMade</b>	
<b>6</b> Amount (\$) <b>3500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2363 US 287 Frontage Road Suite 106, Mansfield, TX 76063</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Campaign Services</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <span style="float:right">Office held</span>

Date <b>2/01/2021</b>	Payee name <b>Wix.com</b>	
Amount (\$) <b>26.90</b>	Payee address; City; State; Zip Code <b>100 Gansevoort St, New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website domain renewal</b>
	<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 <span style="float:right">Office held</span>

Date <b>1/29/2021</b>	Payee name <b>Wix.com</b>	
Amount (\$) <b>37.34</b>	Payee address; City; State; Zip Code <b>100 Gansevoort St, New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website subscription</b>
	<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 <span style="float:right">Office held</span>

**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.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Corinne Nicole Wallace Fiagome	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1750

<b>5</b> Date 2/10/2021	<b>6</b> Payee name NOW MAGAZINES		
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State; Zip Code
	PO BOX 1071 WAXAHACHIE, TX 75168-1071		

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

<b>11</b> Complete <u>ONLY</u> 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

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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