

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Christopher W</div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Earnest</div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">907 Wade Hampton Dr. Houston, TX 77024</div>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI <div style="text-align: center; font-size: 1.2em;">Brian</div>				
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Adams</div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">718 Country Lane Houston TX 77024</div>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year Month Day Year <div style="text-align: center; font-size: 1.2em;">4 / 1 / 21 THROUGH 4 / 22 / 21</div>				
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">/ /</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">SBISD Board of Trustees Pos. 4</div>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME		
			COMMITTEE ADDRESS		
			COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

RECEIVED

APR 23 2021

BY: Diane Dickens

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Christopher Earnest

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,325.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,129.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5,695.47

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

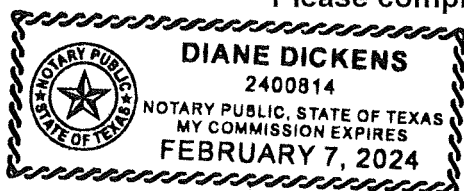
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Christopher Earnest this the 23 day of April,
20 21, to certify which, witness my hand and seal of office.

Diane Dickens

Diane Dickens

notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,825
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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:

2 FILER NAME

Christopher Earnest

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

Jessica Lamnlein

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

7711 Edgewood Dr. Houston TX 77055

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/21

Full name of contributor

Anna Jones

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

Houston TX 77024

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/21

Full name of contributor

Patricia Maddox

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

9525 Katy Freeway Houston TX 77024

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/21

Full name of contributor

Ara Hardig

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

12327 Boheme Houston TX 77024

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.

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

Christopher Earnest

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dee Ann McLarney

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

Houston

TX

77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lesha Elsenbrook

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3 Pine Crescent Ct.

Houston

TX

77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Celeste Rudolph

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

Houston

TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Schwinger

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3 Pine Grove Circle

Houston

TX

77024

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 <i>Christopher Earnest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/21</i>	5 Full name of contributor <i>Brook Vescovo</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>14927 Conoverest Dr. Houston TX 77079</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/8/21</i>	Full name of contributor <i>Callie Hanks</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>318 Shasta Dr. Houston TX 77024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/21</i>	Full name of contributor <i>Alan Greig</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>8521 Panatella Dr. Houston TX 77055</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/21</i>	Full name of contributor <i>Barbara Peterson</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>502 Longwoods Ln. Houston TX 77024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <i>Christopher Earnest</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/11/21</i>		5 Full name of contributor <i>Alison Nieto</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$ 50.00</i>	
		6 Contributor address; City; State; Zip Code <i>Houston TX 77024</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>4/11/21</i>		Full name of contributor <i>Paul Rasplicka</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$1,000.00</i>	
		Contributor address; City; State; Zip Code <i>1120 Danbury Rd. Houston TX 77055</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/13/21</i>		Full name of contributor <i>Kyle Janke</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$1,000.00</i>	
		Contributor address; City; State; Zip Code <i>1201 N. Shepherd Dr. Houston TX 77008</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/13/21</i>		Full name of contributor <i>Lisa Walker</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$1,000.00</i>	
		Contributor address; City; State; Zip Code <i>7 Pine Grove Cir. Houston TX 77024</i>			
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

Christopher Earnest

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/21

5 Full name of contributor

Ingrid Hartz

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

526 Ramblewood Rd. Houston TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/13/21

Full name of contributor

Kelly Limbaugh

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

8307 Cedarspur Houston TX 77055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/21

Full name of contributor

Margaret Rotan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

11 Farther Point Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/21

Full name of contributor

Gene Peeples

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

709 Highgrove Park Houston TX 77024

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 <i>Christopher Earnest</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn McNair</i> <hr/> 6 Contributor address; City; State; Zip Code <i>8831 Stable Ln. Houston TX 77024</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Turrentine</i> <hr/> Contributor address; City; State; Zip Code <i>14902 Carolcrest Dr. Houston TX 77079</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gareth Lewis</i> <hr/> Contributor address; City; State; Zip Code <i>406 Kickerillo Court Houston TX 77079</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leslie Biggs</i> <hr/> Contributor address; City; State; Zip Code <i>14630 Bramblewood Dr. Houston TX 77079</i>	Amount of contribution (\$) <i>\$50.00</i>
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 Christopher Earnest				3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/20		5 Full name of contributor Erica Walsh <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$50.00	
		6 Contributor address; City; State; Zip Code Houston TX 77024			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date 4/21/21		Full name of contributor Lissette Baca <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code 311 Gershwin Dr. Houston TX 77079			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 4/21/21		Full name of contributor Elizabeth Rolan <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500.00	
		Contributor address; City; State; Zip Code 413 Longwoods Ln. Houston TX 77024			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 4/22/21		Full name of contributor Ernest Trozzo <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code 14603 Cindywood Dr. Houston TX 77079			
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

Christopher Earnest

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Stokes

7 Amount of contribution (\$)

\$ 750.00

6 Contributor address;

City;

State;

Zip Code

11711 Cobblestone Dr. Houston TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/22/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nicolas Medina

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

10926 Long Shadow Lane Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Don Sweet

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

7532 Fairview St. Houston TX 77041

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.

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 <i>Christopher Earnest</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/11/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>P+R Productions / Jenna Jackson</i>	8 Amount of Contribution \$ <i>1,500.00</i>	9 In-kind contribution description <i>Video</i>
7 Contributor address; City; State; Zip Code <i>pr-prod.com Houston TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Videographer</i>		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		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <i>Christopher Earnest</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/2/21</i>	5 Payee name <i>Vistaprint</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>\$1,487.15</i>	7 Payee address; City; State; Zip Code
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Cards</i>
	(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
--	-------------------------------	---------------	-------------

Date <i>4/4/21</i>	Payee name <i>BuildASign.com</i>
-----------------------	-------------------------------------

Amount (\$) <i>\$905.84</i>	Payee address; City; State; Zip Code <i>11525A Stonchollow Dr. Houston Austin TX 78758</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	Description <i>signs</i>
	<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
--	-------------------------------	---------------	-------------

Date <i>4/5/21</i>	Payee name <i>Vistaprint</i>
-----------------------	---------------------------------

Amount (\$) <i>\$224.39</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Cards</i>
	<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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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
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

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:	2 FILER NAME <i>Christopher Earnest</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/10/21</i>	5 Payee name <i>BuildA Sign.com</i>
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6 Amount (\$) <i>\$560.30</i>	7 Payee address; <i>11525A Stonehollow Dr.</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Signs</i>
	(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
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Date <i>4/14/21</i>	Payee name <i>BuildA Sign.com</i>
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Amount (\$) <i>\$560.30</i>	Payee address; <i>11525A Stonehollow Dr.</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Signs</i>
	<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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Date <i>4/18/21</i>	Payee name <i>Jacquie Malhis Van Hohn</i>
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Amount (\$) <i>\$232.00</i>	Payee address; <i>Houston</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77043</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description <i>Meet & Greet Event Food</i>
	<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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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 <i>Christopher Earnest</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/21/21</i>		5 Payee name <i>BuildASign.com</i>			
6 Amount (\$) <i>\$159.55</i>		7 Payee address; <i>11525A Stonehollow Dr.</i>		City; <i>Houston</i>	State; <i>TX</i>
				Zip Code <i>78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Banner</i>		
	(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
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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