

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: 12							
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr</div> <div>FIRST Randy</div> <div>MI B</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Schackmann</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <p style="font-size: 1.5em; color: blue; text-align: center; margin: 10px 0;">Received</p> <p style="font-size: 1.2em; color: blue; text-align: center; margin: 5px 0;">APR 06 2023</p> <p style="font-size: 0.8em; color: blue; text-align: center; margin: 5px 0;">Carrollton-Farmers Branch ISD Superintendent's Office</p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 1.2em; color: blue; margin: 5px 0;">4/6/2023 KCastanm</p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount \$</div> </div> <p style="margin: 5px 0;">Date Processed</p> <p style="margin: 5px 0;">Date Imaged</p> </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="margin: 5px 0;">1300 Osceola Trail Carrollton TX 75006</p> <p style="font-size: 0.8em; margin: 5px 0;">Change of Address</p>									
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="margin: 5px 0;">(214) 620-0138</p>									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <p style="margin: 5px 0;">Randy</p> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <p style="margin: 5px 0;">Schackmann</p>									
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="margin: 5px 0;">1300 Osceola Trail Carrollton TX 75006</p> <p style="font-size: 0.8em; margin: 5px 0;">(Residence or Business)</p>									
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="margin: 5px 0;">(214) 538-3898</p>									
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 checked="" 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 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	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <p style="margin: 5px 0;">2 / 19 / 23 THROUGH 4 / 5 / 23</p>									
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="font-size: 0.8em;">ELECTION DATE</p> <p style="font-size: 0.8em;">Month Day Year</p> <p style="margin: 5px 0;">5 / 6 / 23</p> </div> <div style="width: 60%;"> <p style="font-size: 0.8em;">ELECTION TYPE</p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <p style="margin: 5px 0;"><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> </div> </div>									
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;">OFFICE HELD (if any)</div> <div style="width: 50%;">13 OFFICE SOUGHT (if known)</div> </div> <p style="margin: 5px 0;">CFBISD trustee</p>									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin: 0;">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.</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="font-size: 0.8em; margin: 5px 0;">Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
GENERAL	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Randy Schackmann		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)	\$ 6,030.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,107.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,922.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

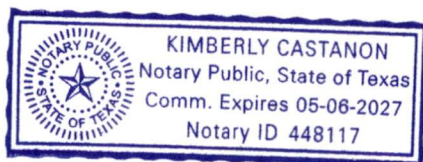
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Randy Schackmann this the 16th day of April, 2023, to certify which, witness my hand and seal of office.
Kimberly Castanon Kimberly Castanon 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.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,030.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,107.77
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: 6
2 FILER NAME Randy Schackmann		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Randy and Ruth Schackmann 6 Contributor address; City; State; Zip Code 1300 Osceola Trail Carrollton TX 75006	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions) Retired / Teacher		9 Employer (See Instructions) none / CFBISD
Date 02/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Renny Schackmann Contributor address; City; State; Zip Code 9524 E 71st, Tulsa OK 74133	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) John and Melanie Vickers Contributor address; City; State; Zip Code 2965 Randy Lane, Farmers Branch, TX, 75234	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Real Estate Sales		Employer (See Instructions) Beam Properties
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Maxwell and Brenda Brodrick Contributor address; City; State; Zip Code 1351 Rawhide Pkwy., Farmers Branch, TX 75234	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) retired		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 <div style="text-align: center; font-size: 1.2em;">Randy Schackmann (page 2 of A1 / 30 out)</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">03/08/2023</div>	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Phillip Gumbert</div> <div>6 Contributor address; City; State; Zip Code 2528 Quail Gen Rd. Carrollton TX 75234</div>	<div>7 Amount of contribution (\$)</div> <div style="text-align: center; font-size: 2.5em; font-weight: bold;">100.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
<div>Date 03/10/2023</div>	<div>Full name of contributor out-of-state PAC (ID#: _____) Marcia Barnett</div> <div>Contributor address; City; State; Zip Code 1007 Wiltshire Dr. Carrollton TX 75007</div>	<div>Amount of contribution (\$)</div> <div style="text-align: center; font-size: 2.5em; font-weight: bold;">200.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<div>Date 03/11/2023</div>	<div>Full name of contributor out-of-state PAC (ID#: _____) James Abadie</div> <div>Contributor address; City; State; Zip Code 1326 Cannes Drive Carrollton TX 75006</div>	<div>Amount of contribution (\$)</div> <div style="text-align: center; font-size: 2.5em; font-weight: bold;">25.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<div>Date 03/11/2023</div>	<div>Full name of contributor out-of-state PAC (ID#: _____) Geoffrey Shelly</div> <div>Contributor address; City; State; Zip Code 13671 Rawhide Pkwy Farmers Branch TX 75234</div>	<div>Amount of contribution (\$)</div> <div style="text-align: center; font-size: 2.5em; font-weight: bold;">25.00</div>
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 Randy Schackmann		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Cash at Denton Co TTP Meeting 6 Contributor address; City; State; Zip Code Denton Co Court House	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Harold / Kathy Froelich Contributor address; City; State; Zip Code 1381 Braemar Drive Farmers Branch Texas 25234	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) "Pass the hat" at Wed networking lunch (cash) Contributor address; City; State; Zip Code The Diner Restaurant/Cafe	Amount of contribution (\$) 180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Phil Gumbert Contributor address; City; State; Zip Code 2528 Quail Glen Rd. Carrollton Texas 75006	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 Randy Schackmann		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2023	5 Full name of contributor out-of-state PAC (ID#: Jim Abadie 6 Contributor address; City; State; Zip Code 1326 Cannes Dr. Carrollton Texas 75006	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2023	Full name of contributor out-of-state PAC (ID#: Geoffrey Shelly Contributor address; City; State; Zip Code web) 13671 Rawhide Pkwy Farmers Branch Texas 75234	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/12/2023	Full name of contributor out-of-state PAC (ID#: Marcia Bennet Contributor address; City; State; Zip Code 1007 Wiltshire Carrollton Texas 75007	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: Bill & Francis Glancy Contributor address; City; State; Zip Code 13000 William Dodson Way Farmers Branch texas 75234	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 Randy Schackmann		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Charlotte Earp <hr/> 6 Contributor address; City; State; Zip Code 3500 Old Denton Rd. #109 Carrollton Texas 75007	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Paul Kramer <hr/> Contributor address; City; State; Zip Code "Some Street" Carrollton Texas 75007	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Sally Fiveash <hr/> Contributor address; City; State; Zip Code (web) 1944 Kensington Dr Carrollton Texas 75007	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Stephen Morrison <hr/> Contributor address; City; State; Zip Code 2909 Bergen Lane Farmers Branch Texas 75234	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		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 Randy Schackmann		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Floyd & Sheryn Prather 6 Contributor address; City; State; Zip Code 3065 Amber Lane Farmers Branch Texas 75234	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Hon. Kenny Marchant Contributor address; City; State; Zip Code 2125 N Josey Lane, Ste. 200 Carrollton Texas 75006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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

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: 3		2 FILER NAME Randy Schackmann		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2023		5 Payee name Home Depot			
6 Amount (\$) 143.65		7 Payee address; City; State; Zip Code 211 Keller Springs Rd. Carrollton Texas 75006			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description T-Posts and Zop Ties		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/23/2023		Payee name Sunny Street Cafe			
Amount (\$) 39.16		Payee address; City; State; Zip Code 2150 Josey Lane Carrollton Texas 75006			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage		Description Signs / Strategy Mtg.		
	Check if travel outside of Texas. Complete Schedule T. 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 02/24/2023		Payee name Keepers Press			
Amount (\$) 2,864.83		Payee address; City; State; Zip Code 520 Loma Vista Rockwall Texas 75023			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs		
	Check if travel outside of Texas. Complete Schedule T. 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					

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.

1 Total pages Schedule F1:		2 FILER NAME Randy Schackmann		3 Filer ID (Ethics Commission Filers)	
4 Date 03/08/2010		5 Payee name Quick Draw Press			
6 Amount (\$) 813.23		7 Payee address; City; State; Zip Code 1600 N I-35E Carrollton Texas 75006			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Push Cards & Business Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/08/2023		Payee name Metrocrest Services			
Amount (\$) 75.00		Payee address; City; State; Zip Code 13801 Hutton Dr. Farmers Branch Texas 75234			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Keyholders Event Ticket		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/14/2023		Payee name Next Day Badges			
Amount (\$) 77.80		Payee address; City; State; Zip Code www.NextDayBadges.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description RandyforCfbisd i.d. badges		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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 Randy Schackmann	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Payee name Rotary Club (Flags Over Carrollton)	
6 Amount (\$) 55.00	7 Payee address; City; State; Zip Code Carrollton Noon Rotary (online) http://flagsove cfb.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Year of Advertising with Local Rotary
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/03/2023	Payee name Victoria's Restaurant	
Amount (\$) 39.10	Payee address; City; State; Zip Code 13435 Bee Street Farmers Branch Texas 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Sign installation thank you lunch
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED