

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 Filer)

2 Total pages filed

OFFICE USE ONLY

Date Received

RECEIVED
APR 28 2023
BY: Emailed

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

6th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

3 / 28 / 2023

THROUGH

Month

Day

Year

4 / 26 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 2023

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

Midlothian ISD School Bd. Place 7

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Shari Dawson</u>		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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3670.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 426.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 4056.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1678.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

Shari Dawson

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 Shari Dawson and my date of birth is 9/12/1976

My address is [REDACTED] Midlothian TX 76065 USA
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 27 day of April, 2023
(month) (year)

Shari Dawson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Shari Dawson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3670.17
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$1000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4056.22
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

(7)

2 Filer ID (Ethics Commission File)

3 FILER NAME
Shari Dawson

4 Date
3/29/23

5 Full name of contributor
Mindy D Bell

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

242.52

6 Contributor address

City

State

Zip Code

Midlothian TX 76065

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

3/29/23

Full name of contributor

Tami Tobey

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

97.01

Contributor address

City

State

Zip Code

Midlothian TX 76065

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/29/23

Full name of contributor

Sarah Ussery

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

97.01

Contributor address

City

State

Zip Code

Midlothian TX 76065

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/29/23

Full name of contributor

Clifford Carbone

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

97.01

Contributor address

City

State

Zip Code

Mansfield TX 76063

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 Shari Dawson		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MISSY Walker City: [REDACTED] State: TX Zip Code: 75154	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Altman Contributor address: [REDACTED] City: Midlothian State: TX Zip Code: 76065	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Buttgen Contributor address: [REDACTED] City: Midlothian State: TX Zip Code: 76065	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karena Blackwell Contributor address: [REDACTED] City: Midlothian State: TX Zip Code: 76065	Amount of contribution (\$) 500.00
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

Shari Dawson

3 Filer ID (Ethics Commission Filer)

4 Date

3/31/23

5 Full name of contributor

Fernando Chapa

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

29.10

City: State: Zip Code

Quilla TX 75154

8 Principal occupation

9 Employer (See instructions)

Date

3/31/23

Full name of contributor

Keri Pace

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

48.50

City: State: Zip Code

Midlothian TX 76055

Principal occupation

Employer (See instructions)

Date

3/31/23

Full name of contributor

Melisa Johnson Tabota

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

54.33

City: State: Zip Code

Quilla TX 75154

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/31/23

Full name of contributor

Ryan Timm

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

97.01

City: State: Zip Code

Midlothian TX 76055

Principal occupation

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

Shari Dawson

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/23

5 Full name of contributor

Dawn Lopez

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

97.01

6 Contributor address:

City:

State:

Zip Code

Midlothian TX 76065

8 Principal occupation

9 Employer (See instructions)

Date

3/31/23

Full name of contributor

Tammy Kennedy

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

108.65

Contributor address:

City:

State:

Zip Code

Midlothian TX 76065

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

3/31/23

Full name of contributor

Daniel Campa

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

194.02

Contributor address:

City:

State:

Zip Code

Midlothian TX 76065

Principal occupation

Employer (See instructions)

Date

3/31/23

Full name of contributor

John Vo

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

217.30

Contributor address:

City:

State:

Zip Code

Midlothian TX 76065

Principal occupation

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 Shari Dawson		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendi Melton	7 Amount of contribution (\$) 54.33
6 Contributor address; City; State; Zip Code [REDACTED] avilla TX 75154		
8 Principal occupation / job title (See instructions)		9 Employer (See instructions)
Date 4/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Williams	Amount of contribution (\$) 48.50
Contributor address; City; State; Zip Code [REDACTED] Midlothian TX 76065		
Principal occupation / job title (See instructions)		Employer (See instructions)
Date 4/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Moore	Amount of contribution (\$) 54.33
Contributor address; City; State; Zip Code [REDACTED] Midlothian TX 76065		
Principal occupation / job title (See instructions)		Employer (See instructions)
Date 4/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Hemphill	Amount of contribution (\$) 97.01
Contributor address; City; State; Zip Code [REDACTED] Midlothian TX 76065		
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:

FILER NAME

Shari Dawson

3 Filer ID (Ethics Commission Filers)

Date

1/2/23

5 Full name of contributor

Gregg Scott

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

48.50

6 Contributor address:

City:

State:

Zip Code:

71085
Nederland TX

Principal occupation / Job title (See instructions)

8 Employer (See instructions)

Date

1/2/23

Full name of contributor

Kim Ewton

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

48.50

Contributor address:

City:

State:

Zip Code:

Avila TX 75154

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/2/23

Full name of contributor

Tina Walser

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

339.53

Contributor address:

City:

State:

Zip Code:

Wyschachie TX 75167

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/3/23

Full name of contributor

Kenee Tims

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code:

Wyschachie TX 75167

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 Shari Dawson		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor Angie Cole <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: [REDACTED] City: Middlebrian TX State: TX Zip Code: 76065	7 Amount of contribution (\$) 250.00
8 Principal occupation (See Instructions)		9 Employer (See Instructions)
Date 4/18/23	Full name of contributor Jason Loftis <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: [REDACTED] City: Middlebrian TX State: TX Zip Code: 76065	Amount of contribution (\$) 200.00
Principal occupation		Employer (See Instructions)
Date 4/18/23	Full name of contributor Jane & Kirk Crawford <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: [REDACTED] City: Willis TX State: TX Zip Code: 75154	Amount of contribution (\$) 100.00
Principal occupation		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

LOANS

SCHEDULE E

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 E: 1

2 FILER NAME Shari Dawson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
3/31/23

7 Name of lender ☐ out-of-state PAC (ID# _____)
Robert + Shari Dawson

9 Loan Amount (\$)
1,000.00

6 Is lender a financial institution?
Y ☒ N

State: _____ Zip Code _____
Midlothian TX 76065

10 Interest rate NA

11 Maturity date NA

12 Principal occupation / Job title (See instructions)
Construction / Educator

13 Employer (See instructions)
JK Excavation / Region 10 ESC

14 Description of Collateral
☒ none

15 ☒ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION
☒ not applicable

17 Name of guarantor

18 Guarantor address: _____ City: _____ State: _____ Zip Code _____

19 Amount Guaranteed (\$)
NA

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan _____ Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution? Y N
Lender address: _____ City: _____ State: _____ Zip Code _____

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address: _____ City: _____ State: _____ Zip Code _____

Amount Guaranteed (\$)

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:		2 FILER NAME <u>Shari Dawson</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/4/23</u>		5 Payee name <u>EDSI dba Edwards & Patterson Signs</u>			
6 Amount (\$) <u>1,562.05</u>		7 Payee address: <u>203 S. Beltline Rd.</u>		City: <u>Irving</u>	State: <u>TX</u> Zip Code: <u>75060</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<u>Advertising Expense</u>		<u>Yard Signs</u>		
(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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name <u>Shari Dawson</u> Office sought <u>Midlothian ISD School Bd. Place 7</u> Office held					
Date <u>4/6/23</u>		Payee name <u>Shadowfax Graphics</u>			
Amount (\$) <u>520.42</u>		Payee address: <u>4834 Reading St.</u>		City: <u>Dallas</u>	State: <u>TX</u> Zip Code: <u>75247</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<u>Advertising Expense</u>		<u>Campaign shirts</u>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>4/11/23</u>		Payee name <u>EDSI dba Edwards & Patterson Signs</u>			
Amount (\$) <u>338.28</u>		Payee address: <u>203 S. Beltline Rd.</u>		City: <u>Irving</u>	State: <u>TX</u> Zip Code: <u>75060</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<u>Advertising Expense</u>		<u>Large 4x4 Signs</u>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
<u>Shari Dawson</u> <u>Midlothian ISD School Bd. Place 7</u>					

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 <u>Shari Dawson</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/13/23</u>		5 Payee name <u>Wal mart.com</u>			
6 Amount (\$) <u>132.80</u>		7 Payee address; <u>Bentonville AR</u>		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>Seating table</u>		
	(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 ONLY if direct expenditure to benefit C/OH <u>Candidate / Officeholder name</u> <u>Shari Dawson for McElthorn [SD] School Board, Place 7</u> <u>Office sought</u> <u>Office held</u>					
Date <u>4/25/23</u>		Payee name <u>Wal mart.com</u>			
Amount (\$) <u>91.93</u>		Payee address; <u>Bentonville AR</u>		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food / Beverage XP</u>		Description <u>Shakes, waters</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH <u>Candidate / Officeholder name</u> <u>Office sought</u> <u>Office held</u>					
Date <u>3/27/23</u>		Payee name <u>EDSI dba Edwards & Patterson Signs</u>			
Amount (\$) <u>729.61</u>		Payee address; <u>203 S. Bettline Rd</u>		City: State: Zip Code <u>Irving TX 75060</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Yard signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH <u>Candidate / Officeholder name</u> <u>Shari Dawson for McElthorn [SD] School Bd. Place 7</u> <u>Office sought</u> <u>Office held</u>					

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 <u>Shari Dawson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/20/23</u>	5 Payee name <u>Mhe 18 Printing</u>		
6 Amount (\$) <u>255.00</u>	7 Payee address: <u>670 International Pkwy Richardson TX 75081</u> City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising XP</u>		(b) Description <u>Rack Cards</u>
	(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 ONLY if direct expenditure to benefit C/OH <u>Shari Dawson for Middlebush ISD School Bd. Place 7</u> 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 ONLY if direct expenditure to benefit C/OH <u>Shari Dawson for Middlebush ISD School Bd. Place 7</u> 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 ONLY if direct expenditure to benefit C/OH <u>Shari Dawson for Middlebush ISD School Bd. Place 7</u> Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED