

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">MICHAEL A</div>		OFFICE USE ONLY Date Received 4/22/2021 Date Hand-delivered or Date Postmarked emailed Receipt # Amount \$ Date Processed 4/22/2021 Date Imaged
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">SHEDD</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1132 S. ADAMS ST FORT WORTH TX 76104</div>		
AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 805-1845</div>			
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">ANNA L</div>		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BOWLWARE</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">ANNA L</div>		
NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BOWLWARE</div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">3005 ALTON RD FORT WORTH TX 76109</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 696-0004</div>		
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="font-size: 1.2em;">04 / 01 / 2021 THROUGH 04 / 22 / 2021</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 01 / 2021</div>		
	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
		13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Trustee District 9 FWISD</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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

MICHAEL SHEED

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)

\$

26,299.94

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5207.94

CONTRIBUTION
BALANCE

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

\$

2554.06

OUTSTANDING
LOAN TOTALS

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

\$

6000.00

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]

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 MICHAEL A. SHEED and my date of birth is 02/26/1969.

My address is 1132 S. ADAMS ST, FORT WORTH, TX, 76104, U.S.

(street)

(city)

(state)

(zip code)

(country)

Executed in TARRANT County, State of TEXAS, on the 22 day of April, 20 21.

(month)

(year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MICHAEL A. SHEDD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2050.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 24,249.94
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	\$ 5207.94
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: <u>1</u>
2 FILER NAME <u>MICHAEL A. SHEDD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>04/07/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GARY CUMBIE & JANE CUMBIE</u> 6 Contributor address; City; State; Zip Code <u>400 WILLOW RIDGE RD FORT WORTH TX 76103</u>	7 Amount of contribution (\$) <u>\$50.00</u>
8 Principal occupation / Job title (See Instructions) <u>CONSULTANT</u>		9 Employer (See Instructions) <u>CUMBIE CONSULTANCY</u>
Date <u>04/12/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ISAAC & ELIZABETH MANNING</u> Contributor address; City; State; Zip Code <u>2217 WINDSOR PLACE FORT WORTH TX 76110</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions) <u>PRESIDENT</u>		Employer (See Instructions) <u>TRINITY WORKS</u>
Date <u>4/15/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LYSLE MOCKLER</u> Contributor address; City; State; Zip Code <u>1600 TEXAS ST # 2904 FORT WORTH TX 76102</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>04/14/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LYNNE JOHNSON</u> Contributor address; City; State; Zip Code <u>1600 TEXAS ST # 21101 FORT WORTH, TX 76102</u>	Amount of contribution (\$) <u>\$1000.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		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: <u>1</u>	
2 FILER NAME <u>MICHAEL A. SHEDD</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/5/2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FOCUS ON STUDENTS PAC</u>	8 Amount of Contribution \$ <u>\$24,099.94</u>	9 In-kind contribution description <u>Campaign Ads</u>
7 Contributor address; City; State; Zip Code <u>P.O. Box 2153 Fort Worth TX 76113</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>4/2/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AMY SCOTT</u>	Amount of Contribution \$ <u>\$150.00</u>	In-kind contribution description <u>Voter List w/ Phone Numbers</u>
Contributor address; City; State; Zip Code <u>1602 VALLEYWOOD TR MANSFIELD TX 76063</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>NURSE</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>CITY OF MANSFIELD</u>	
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.

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: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">MICHAEL A. SHEND</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.2em; font-family: cursive;">1000.00</div>	
5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">4/16/2021</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">MICHAEL A. SHEND</div>	9 Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">1000.00</div>	
6 Is lender a financial Institution? <div style="font-size: 1.2em; font-family: cursive;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">1132 S ADAMS ST FORT WORTH TX 76104</div>	10 Interest rate <div style="font-size: 1.2em; font-family: cursive;">0%</div>	
		11 Maturity date <div style="font-size: 1.2em; font-family: cursive;">N/A</div>	
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">POLICE OFFICER</div>		13 Employer (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">CITY OF FORT WORTH</div>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="font-size: 1.2em; font-family: cursive;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
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	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 MICHAEL A SHETD		3 Filer ID (Ethics Commission Filers)	
4 Date 4/5/2021		5 Payee name FACE BOOK			
6 Amount (\$) \$75.00		7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SOCIAL MEDIA AD		
	(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		Office sought Office held	
Date 4/5/2021		Payee name UNITED STATES POSTAL SERVICE			
Amount (\$) \$718.30		Payee address; City; State; Zip Code 1001 ALTA MESA BLVD FORT WORTH TX 76			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description POSTAGE		
	<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 4/5/2021		Payee name KWIK KOPY PRINTING			
Amount (\$) \$262.51		Payee address; City; State; Zip Code 1850 HANDLEY DR FORT WORTH TX 76112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description LETTERS		
	<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	

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 MICHAEL A. SHEND	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2021	5 Payee name FACE BOOK	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SOCIAL MEDIA AD
	(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	Office sought Office held

Date 4/7/2021	Payee name WIX.COM		
Amount (\$) \$1.75	Payee address; City; State; Zip Code 100 GANSEVOORT ST NEW YORK NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION TRANSACTION FEE	
	<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 4/7/2021	Payee name TRACTOR SUPPLY		
Amount (\$) \$157.60	Payee address; City; State; Zip Code 9249 BENBROOK BLVD BENBROOK TX 76126		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description T-POSTS & ZIPTIES	
	<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	

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 MICHAEL SHEND		3 Filer ID (Ethics Commission Filers)	
4 Date 4/7/2021		5 Payee name PRINT POINTE			
6 Amount (\$) \$1251.37		7 Payee address; City; State; Zip Code 2419 GRAVEL RD Fort Worth TX 76118			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description 4'x4' SIGNS		
	(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		Office sought Office held	
Date 4/9/2021		Payee name FACE BOOK			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1 HACKERWAY Menlo Park CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SOCIAL MEDIA AD		
	<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 4/12/2021		Payee name WALMART			
Amount (\$) \$12.93		Payee address; City; State; Zip Code 3851 AIRPORT FWY Fort Worth TX 76111			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER		Description ZIP TIES		
	<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	

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 MICHAEL A. SHEDD		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/2021		5 Payee name WIX.COM			
6 Amount (\$) \$14.80		7 Payee address;		City;	State; Zip Code
		100 GRANSEVOORT ST		NEW YORK	NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	FEES		DONATION TRANSACTION FEE		
	(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		Office sought	Office held
Date 4/13/2021		Payee name FACE BOOK			
Amount (\$) \$150.00		Payee address;		City;	State; Zip Code
		1 HACKERWAY		MENLO PARK	CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	ADVERTISING EXPENSE		SOCIAL MEDIA AD		
	<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 4/19/2021		Payee name UNITED STATES POSTAL SERVICE			
Amount (\$) \$66.00		Payee address;		City;	State; Zip Code
		251 W. LANCASTER AVE		FORT WORTH	TX 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	ADVERTISING EXPENSE		POSTAGE		
	<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

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 MICHAEL A. SHEND	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Payee name FEDEX	
6 Amount (\$) \$41.26	7 Payee address; 901 HOUSTON ST	City; State; Zip Code FORT WORTH TX 76102
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description LETTERS
	(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 4/19/2021	Payee name FACE BOOK	
Amount (\$) \$125.00	Payee address; 1 HACKER WAY	City; State; Zip Code MENLO PARK CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SOCIAL MEDIA AD
	<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 4/22/2021	Payee name VALENTINE DIRECT	
Amount (\$) 2146.42	Payee address; 2344 FARRINGTON	City; State; Zip Code DALLAS TX 75207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MAILERS & POSTAGE
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED