#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer 1D (Ethics Commission Fliers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST МІ 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER David NAME Date Received NICKNAME LAST SUFFIX Currie Lance APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** 4468 Twin Post Rd, Dallas, TX 75244 **MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)729-6495 PHONE Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN МІ **TREASURER** Calvert Mrs Date Processed NAME LAST NICKNAME SUFFIX Date Imaged **Collins Bratton** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 4738 Hallmark Dr, Dallas, TX 75229 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 886-9354 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD **COVERED** 12 / 31 / 23 10 /25/23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Dallas ISD, District 1 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) David Lance Currie 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ TOTALS **TOTAL POLITICAL CONTRIBUTIONS** 44,703.26 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 5,768.11 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. 38,935.15 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ **LOAN TOTALS** 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 of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_ , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is 75244 (zip code) (country) day of JANUAS Signature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILE	19 FILER NAME 20 Filer ID (Ethics Com		
David	Lance Currie		
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 44,703.26
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,768.11
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		\$

#### 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 fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (II Kathryn Yukevich	D#:)	7 Amount of contribution (\$)	
10/25/2023	6 Contributor address; City; 4700 McKinney Ave.Apt. 117Dal	State; Zip Code	500.00	
8 Principal occu	pation / Job titla (See Instructions)		ions)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
10/25/2023	Kevin Malonson  Contributor address; City;  5507 Tremont St.DALLAS, TX 75214UNITED	State; Zip Code STATES	500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date		D#:)	Amount of contribution (\$)	
11/01/2023	Robert Manley  Contributor address; City; State; Zip Code  2915 Bryn Mawr DrDallas, TX 75225		1,000.00	
Principal occup	pation / Job title (Sea Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
11/01/2023	Contributor address; City; 3207 Saint Johns DriveDallas, T	State; Zip Code X 75205	100.00	
Principal occupation / Job title (See Instructions)  Employer (Sea Instructions)				
381	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	· =	3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/2023	5 Full name of contributor out-of-state PAC (ID#:) Glenn M Pense 6 Contributor address; City; State; Zip Code 7208 Ellis Rd, Fort Worth, TX 76112	7 Amount of contribution (\$) 500.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)  Edwin Flores	Amount of contribution (\$)	
11/03/2023   Contributor address; City; State; Zip Code   14951 Dallas PKWY STE 400, Dallas, TX 75254   1,500.		1,500.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 11/25/2023	Full name of contributor  David Currie  Contributor address;  City;  State; Zip Code	Amount of contribution (\$)  1,000.00	
Principal occup	PO BOX 3300 San Angelo, TX 759002  Deation / Job title (See Instructions)  Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
11/29/2023	Neil Burger  Contributor address; City; State; Zip Code  5418 Bryan St, Dallas, TX 75208	500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	<b>IEEDED</b>	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

If the reques	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Stephen Brookshire	(ID#:)	7 Amount of contribution (\$)
11/03/2023	6 Contributor address; City; 6141 DeloacheDallas,	State; Zip Code TX 75225	515.38
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Calvert Collins-Bratton	(ID#:)	Amount of contribution (\$)
11/03/2023	Contributor address; City; 4738 Hallmark DrDallas,	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 11/03/2023	Full name of contributor out-of-state PAC  Nathan Christensen	(ID#:)	Amount of contribution (\$)
11/03/2023	Contributor address; City; 4307 Myerwood LaneDallas, TX	State; Zip Code	515.38
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/03/2023	Contributor address; City; 327 Barnes Bridge RdSunnyva	State; Zip Code	500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

#### 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		3 Filer ID (Ethics Commission Filers)	
4 Date 11/05/2023	5 Full name of contributor Gary D Elliston  6 Contributor address; City; State; Zip Code  9206 Westview CirDallas, TX 75231	7 Amount of contribution (\$)  1,000.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
11/06/2023	Kyle Cavin  Contributor address; City; State; Zip Code  1530 Fairlakes Pointe Rockwall, TX 75087	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Michael Considine	Amount of contribution (\$)	
11/07/2023	Contributor address; City; State; Zip Code 6520 Crestpoint DrDallas, TX 75254	515.38	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
11/08/2023	Nicholas Barker  Contributor address; City; State; Zip Code	50.00	
8712 Isaac StPlano, TX 75024   Principal occupation / Job title (See Instructions)   Employer (See Instructions)			
,			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	HEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

If the reques	sted information is not applicable, <b>DO NOT include this p</b>	age in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
11/09/2023	6 Contributor address; City; State; Zip 7170 Kendallwood DriveDallas, TX 752	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/17/2023	Contributor address; City; State; Zij 6701 Lake Cir DrDallas, TX 752	O Code 500.00
Principal occup	eation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	7.11152.11.01.01.01.01.01.01.01.01.01.01.01.01.
11/19/2023	• • • • • • • • • • • • • • • • • • • •	250.00 06
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/20/2023	Contributor address; City; State; Zig 1315 Waterside DriveDallas, TX 75218	250.00
Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
2)	*	:2)
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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Pa	AC (ID#:)	7 Amount of contribution (\$)	
11/20/2023	6 Contributor address; City; 6703 Southridge DrDallas, TX	State; Zip Code	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)	
11/29/2023	Contributor address; City; 6239 Saratoga CirDalla	State; Zip Code s, TX 75214	257.94	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)	
11/30/2023	Contributor address; City; 5610 Bryan ParkwayDallas, T	State; Zip Code X 75206	515.38	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state P.	AC (ID#:)	Amount of contribution (\$)	
11/30/2023	George Lee  Contributor address; City;  4317 Avondale AveDallas, TX	State; Zip Code	100.00	
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
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If the reques	ted 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	e Baskit	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
11/28/2023	6 Contributor address; City; State; Z	500.00 248		
8 Principal occu	pation / Job title (See Instructions)  9 Employe	er (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:  Michael Allen Birrer	Amount of contribution (\$)		
12/01/2023	Contributor address; City; State; Z	500.00		
	5735 Mercedes Ave, Dallas, TX 75206			
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/05/2023	Brian Patrick Shaw, Jr.	250.00		
e	Contributor address; City; State; Z	250.00		
Principal occup	eation / Job title (See Instructions) Employe	er (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/13/2023	Contributor address; City; State; Z	500.00		
6351 Malcolm Dr, Dallas, TX 75214				
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (II David Drumm	D#:)	7 Amount of contribution (\$)		
12/01/2023	6 Contributor address; City; 2325 Centurion Ct, Dallas, TX 75	State; Zip Code	2,000.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		D#:)	Amount of contribution (\$)		
12/21/2023	Cathy Lilford Altman  Contributor address; City;	State; Zip Code	500.00		
7,000	474 Lilly Ct, Midlothian TX, 78065		000100		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)		
Date		D#:)	Amount of contribution (\$)		
12/21/2023	Molly Decker  Contributor address; City;	State; Zip Code	500.00		
	6301 Pineview Rd, Dallas, TX 75	5245	000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)		
12/27/2023	Crawford Wishnew Lang  Contributor address; City;	State; Zip Code	500.00		
	1700 Pacific Ave, STE 2290 Dallas, TX 75201				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc				

If the reques	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	en o		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Charles Johnson		7 Amount of contribution (\$)		
11/30/2023	6 Contributor address; City; 3824 South DrFort Wort	h, TX 76109	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC  Jason Katz	; (iD#:)	Amount of contribution (\$)	
12/06/2023	Contributor address; City; 3211 Drexel DrDallas	State; Zip Code TX 75205	250.00	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		; (ID#:)	Amount of contribution (\$)	
12/06/2023	Lisa Reagan  Contributor address; City;  1112 Sugarberry LnFlower Mou	State; Zip Code	257.94	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
12/06/2023	John Gessner  Contributor address; City;	State; Zip Code	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.			

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	₹¥		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2023	Adam Kraus		7 Amount of contribution (\$)
12/00/2023	6 Contributor address; City; 3607 Granada AveDallas	State; Zip Code 5, TX 75205	257.94
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
12/08/2023	Contributor address; City;	State; Zip Code	257.94
1	409 Ridgeview DrRichardson, T		2
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/09/2023	Contributor address; City; 120 Concho Dr.Irving,	State; Zip Code TX 75039	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/10/2023	Contributor address; City;	State; Zip Code	103.48
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
4			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
12/11/2023	6 Contributor address; City; State; Zip Code 4605 Marseille DrArlington, TX 76013	500.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ructions)		
Date 12/12/2023	Full name of contributor  Amber James  Contributor address;  City;  State;  Zip Code  1610 5th AveFort Worth, TX 76104	Amount of contribution (\$)  103.48		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
Date 12/12/2023	Full name of contributor  Diego Barrera  Contributor address;  City;  State;  Zip Code  11124 Yorksprings DrDallas, TX 75218	Amount of contribution (\$)  250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
	1052 Kessler ParkwayDallas, TX 75208			
Principal occup	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.			

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

in the requested information is not applicable, be not include this page in the report.				
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)  Gary Cruciani		7 Amount of contribution (\$)	
12/12/2023	6 Contributor address; City; 300 Crescent CtSuite 1500Dalla	State; Zip Code	257.94	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
12/12/2023	Contributor address; City; 4937 Worth StDallas,	State; Zip Code	1,030.26	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
12/12/2023	Contributor address; City;  2 Glenncreek CrossingDallas, T	State; Zip Code X 75230	1,030.26	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
12/12/2023	Tim Gavin  Contributor address; City;  4232 Twin Post RdDallas, TX 75	State; Zip Code	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.				

			3 Filer ID (Ethics Commission Filers)	
George Mason	out-of-state PAG		i	
		C (ID#:)	7 Amount of contribution (\$)	
6 Contributor address; 6821 Carolyncrest Di	City;	State; Zip Code	257.94	
ation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Full name of contributor Ross Williams	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
Contributor address; 6603 Santa Fe AveD	city; allas, TX	State; Zip Code	103.48	
tion / Job title (See Instructions)		Employer (See Instruc	tions)	
Full name of contributor  Debran O'Neil	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
Contributor address; 6525 Malcolm DriveD	city; Dallas, TX	State; Zip Code	257.94	
tion / Job title (See Instructions)		Employer (See Instruc	tions)	
Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
Contributor address;	City;	State; Zip Code	515.38	
tion / Job title (See Instructions)	aDallas	T.	tions)	
4				
(   t	Full name of contributor Ross Williams Contributor address; 6603 Santa Fe AveD tion / Job title (See Instructions)  Full name of contributor Debran O'Neil Contributor address; 6525 Malcolm Drive tion / Job title (See Instructions)  Full name of contributor Deborah Nugent Contributor address; 4717 Mill Run R tion / Job title (See Instructions)	Full name of contributor  Ross Williams  Contributor address; City;  6603 Santa Fe AveDallas, TX 7  Ition / Job title (See Instructions)  Full name of contributor  Debran O'Neil  Contributor address; City;  6525 Malcolm DriveDallas, TX  Ition / Job title (See Instructions)  Full name of contributor  Out-of-state PAI  Deborah Nugent  Contributor address; City;  4717 Mill Run RdDallas  Ition / Job title (See Instructions)	Full name of contributor  Ross Williams  Contributor address; City; State; Zip Code  6603 Santa Fe AveDallas, TX 75223  tion / Job title (See Instructions)  Full name of contributor  Debran O'Neil  Contributor address; City; State; Zip Code  6525 Malcolm DriveDallas, TX 75214  tion / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions / State; Zip Code  6525 Malcolm DriveDallas, TX 75214  tion / Job title (See Instructions)  Employer (See Instructions / State; Zip Code  Contributor address; City; Contributor State PAC (ID#:)  Deborah Nugent  Contributor address; City; Ci	

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
12/12/2023	6 Contributor address; City; State; Zip Cod 11635 Rogue WayDallas, TX 75218-1831	1,030.26			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
12/12/2023	Contributor address; City; State; Zip Cod 11008 Rosser RdDallas, TX 7522	20.00			
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)			
Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
12/10/2020	Contributor address; City; State; Zip Cod 11008 Rosser RdDallas, TX 7522	10.00			
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)			
12/13/2023	Contributor address; Clty; State; Zip Code	500.00			
7928 Goodshire AveDallas, TX 75231  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.					

it the reques	sted information is not applicable	e, DO NOT in	iclude this page in the	report.	
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Terry Conner		7 Amount of contribution (\$)		
12/13/2023	6 Contributor address;	City;	State; Zip Code	1,000.00	
	7110 Lakewood Blvdl	Dallas, TX	75214	1,000100	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor  Mark Howland	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
12/14/2023	Contributor address;	City;	State; Zip Code	515.38	
	4412 Santa Barbara [	•			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
12/14/2023	Bobby Broyles			103.48	
	Contributor address; 4013 Aldenham DrGa	city: arland, TX	State; Zip Code	103.40	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
12/16/2023	Ruwanga Dassanayake			400 40	
12/10/2023	Contributor address;	City;	State; Zip Code	103.48	
	4089 Deep Valley Dri	Dallas`, T	X 75244		
Principal occu	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	t e commente de		Print Alexander		
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE AS N	NEEDED	
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

If the reques	ted information is not applicable, <b>DO NO</b>	T include this page in the	report.	
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAME	50 0 344 W/2 W444	30 7 7 7 8	3 Filer ID (Ethics Commission Filers)	
4 Date	Karol Omlor	01.01.01.01.01.01.01.01.01.01.01.01.01.0		
12/16/2023	6 Contributor address; City; 2838 Lawtherwood PI, Dallas	State; Zip Code	515.38	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Kristen Perry	9 PAC (ID#:)	Amount of contribution (\$)	
12/16/2023	Contributor address; City;	State; Zip Code	500.00	
	10331 Mapleridge DrDallas,	TX 75238		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	l	e PAC (ID#:)	Amount of contribution (\$)	
12/17/2023	Lyndon Bittle  Contributor address; City;	State; Zip Code	100.00	
	14810 KnollviewDallas		100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)	
12/17/2023	Contributor address; City;	State; Zip Code	515.38	
to the second	6152 Prospect AveDallas, T.	X 75214		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS No control of the control o		

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			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Mark Werbner		7 Amount of contribution (\$)	
12/19/2023	6 Contributor address; City;	State; Zip Code	51.99	
	5746 Greenbrier DrDallas, TX 7	5209	01100	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
12/21/2023	Contributor address; City;	State; Zip Code	103.48	
The second secon	549 Unbridled LnKeller,	,	100.40	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 12/27/2023	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
12/2//2023	Contributor address; City; 6660 Lakeshore DrDallas, TX 75	State; Zip Code	257.94	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
12/27/2023	John Ofenloch  Contributor address; City;	State; Zip Code	103.48	
	5107 W. Amherst AveDallas, T			
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.				

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Marisa Jeffrey			
12/28/2023	6 Contributor address; City; State; Zi 4027 Santa Barbara DrDallas, TX 7521	257.94		
8 Principal occu	pation / Job title (See Instructions)  9 Employe	r (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/28/2023	,	500.00 30		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/29/2023	Jennifer Schmiel  Contributor address; City; State; Zity  9315 Trail Hill DrDallas, TX 752	51.99 238		
Principal occup	eation / Job title (See Instructions) Employe	or (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)		
12/30/2023	Contributor address; City; State; Zi			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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			3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)  Nathaniel Smith		7 Amount of contribution (\$)	
12/31/2023 6 Contributor address; City; State; Zip Code 5336 Livingston Ave, Dallas, TX 75209			257.94	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
12/29/2023	Contributor address; City;  Dallas, TX	State; Zip Code	7,500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Crawford Wishnew Lang PPLC		Amount of contribution (\$)	
12/27/2023			500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
12/09/2023	Rodney Hall Lawson  Contributor address; City;  901 Main St, STE 5500 Dallas,	State; Zip Code	250.00	
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.				

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date	Jeff Tillotson	(ID#:)	7 Amount of contribution (\$)		
12/12/2023	6 Contributor address; City; 1807 Ross AvenueSuite 325Da	State; Zip Code	2,574.90		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC  Alex Moore	(ID#:)	Amount of contribution (\$)		
10/23/2023	Contributor address; City; 4923 Elsby Ave, Dallas,	State; Zip Code	1,000.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 11/29/2023	5 Payee name GoDaddy			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
306.62	14455 N Hayden Rd, Scottsdale, AZ	85260		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	goods and services			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2023	NameBadges.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.07	12240 SW 53rd St, STE 511, Copper	City, FL 33330		
	Category (See Categories listed at the top of this schedule)	Description		- a ra pen
PURPOSE	goods	name badge		
OF EXPENDITURE		(4)		
- "	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/13/2023	NameBadges.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.07	12240 SW 53rd St, STE 511, Copper	City, FL 33330		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		name badge		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

<b>EXPENDITURE CAT</b>	EGORIES FOR BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Gulde explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/14/2023	Google		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7.68	1600 Amphitheatre Pkwy HQ, Mounta	ain View, CA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	goods and services	Google Suite	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/15/2023	Google		
Amount (\$)	Payee address;	City;	State; Zip Code
3.58	1600 Amphitheatre Pkwy HQ, Mounta	ain View, CA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	goods and services	Google Suite	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/30/2023	In Texas Trad		
Amount (\$)	Payee address;	City;	State; Zip Code
1,171.81	6934 Mistletoe Dr, Dallas, TX 75223		
	Category (See Categories listed at the top of this schedule)	Description	1 10 56 11
PURPOSE OF EXPENDITURE	goods and services	printing	
Ì	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

# 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (selection per listed above)

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME David Lance Currie		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/13/2023	Adam Palmer		ā.
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,000.00	2801 W 11TH ST IRVING, TEXAS 750600000		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	*
PURPOSE	Goods and Services	Website	
OF EXPENDITURE		kil	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/31/2023	PayPal		
Amount (\$)	Payee address;	City;	State; Zip Code
800.18	2211 North First Street, San Jose, C	alifornia 95131	
\$4 \$7	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Goods and services	fees	
OF		1.000	
EXPENDITURE		<u> </u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	I ALAMAN AND AND AND AND AND AND AND AND AND A	
11/27/2023	Radz D Media		
Amount (\$)	Payee address;	City;	State; Zip Code
420.10	910 S Pearl Expressway, Dallas, TX	•	·
	Category (See Categories listed at the top of this schedule)	Description	-
PURPOSE	Goods and services	photography	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			5,1105,11016
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			