

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Ridge</i>	MI <i>Jeanie</i>	OFFICE USE ONLY Date Received Received APR - 1 2021 LISD / Supt Ofc
	NICKNAME	LAST <i>Dixon</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	<i>1914 Civic Circle P.O. Box 293234 Lewisville TX 75029</i>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>984 5398</i>	EXTENSION	Date Hand-delivered or Date Postmarked
	6 CAMPAIGN TREASURER NAME			Receipt #
	MS / MRS / MR <i>Ms.</i>	FIRST <i>Jennifer</i>	MI	Amount \$
	NICKNAME	LAST <i>Shobel</i>	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				Date Imaged
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
<i>11301 Farrah, Unit 227 Austin TX 78748</i>				
8 CAMPAIGN TREASURER PHONE				
AREA CODE PHONE NUMBER EXTENSION				
<i>(737) 333-8045</i>				
9 REPORT TYPE				
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED				
Month Day Year Month Day Year				
<i>01 / 10 / 2021 THROUGH 04 / 01 / 2021</i>				
11 ELECTION				
ELECTION DATE			ELECTION TYPE	
Month Day Year			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<i>05 / 01 / 21</i>				
12 OFFICE				
OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
			<i>Lewisville 15D Board Trustee Place</i>	
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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	<i>Texas Coalition of Black Democrats</i>		
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<i>P.O. Box 163712 Fort Worth TX 76161</i>			<i>Anthony D Johnson</i>	
<i>Unknown</i>				

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Paige D. R...

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,910
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,620.40
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	\$ 86.73
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Fitzgerald</i>	7 Amount of contribution (\$) <i>\$50.00</i>
<i>1/16/21</i>	6 Contributor address; City; State; Zip Code <i>2141 Norlock Ln Dallas TX 75201</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hava Johnston</i>	Amount of contribution (\$) <i>\$25.00</i>
<i>1/16/21</i>	Contributor address; City; State; Zip Code <i>2230 Jaguar Dr. Frisco TX 75033</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leah Montez</i>	Amount of contribution (\$) <i>\$45.00</i>
<i>1/16/21</i>	Contributor address; City; State; Zip Code <i>1101 Apache Lake Dr. Carrollton TX 75010</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Fitzgerald</i>	Amount of contribution (\$) <i>\$35.00</i>
<i>1/16/21</i>	Contributor address; City; State; Zip Code <i>2141 Norlock Ln Dallas TX 75201</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1/16/21

Misty Knight

6 Contributor address; City; State; Zip Code

1915 Diamond Ridge Dr. Carrollton TX 75010

\$105.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/17/21

Richard Thomas

Contributor address; City; State; Zip Code

6676 Catalina Ln Frisco TX 75036

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/17/21

Debbie Simon

Contributor address; City; State; Zip Code

4401 Manor Way Flower Mound TX 75028

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/19/21

Melissa Spurrier

Contributor address; City; State; Zip Code

301 Bowling Green Cir. Lewisville TX 75067

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)

1/19/21

Katy Whittington
 6 Contributor address; City; State; Zip Code

\$50.00

429 Gabe Ct. Denton TX 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/20/21

Michael Rhea
 Contributor address; City; State; Zip Code

\$100.00

3360 Berkwood Pl Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/21/21

Antonella Longo
 Contributor address; City; State; Zip Code

\$25.00

15 Horseshoe Dr. Highland Village TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/21/21

George Ferre
 Contributor address; City; State; Zip Code

\$25.00

2932 Station St. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)

1/24/21

Don. Caterisano

6 Contributor address; City; State; Zip Code

2020 Loping Dr. Flower Mound TX 75022

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/25/21

Brittini Kelly

Contributor address; City; State; Zip Code

2500 Lakeside Pkwy Flower Mound TX 75022

\$15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/26/21

Michael Galvan

Contributor address; City; State; Zip Code

334 W Earlham Terr Philadelphia PA 19144

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/26/21

Mison Maguire Powell

Contributor address; City; State; Zip Code

2208 Miranda Pl Denton TX 76210

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1/26/21

Sandra Danstein
 6 Contributor address; City; State; Zip Code

\$100.00

2450 Harvard Dr. Flower Mound TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/27/21

Claudia Moya
 Contributor address; City; State; Zip Code

\$25.00

2541 Cross Haven Dr. Flower Mound TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/27/21

Janice Dane
 Contributor address; City; State; Zip Code

\$200.00

P.O. Box 1372 Springfield TX 37172

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/27/21

Janetta Alsbaugh
 Contributor address; City; State; Zip Code

\$50.00

1572 Shannon Dr. Lewisville TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1/28/21

Catherine Weiskopf
 6 Contributor address; City; State; Zip Code

\$50.00

2121 Cheshire Dr. FlowerMound TX 75028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1/31/21

Karrol Rimal
 Contributor address; City; State; Zip Code

\$100.00

300 Republic Lane Euless TX 76040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/1/21

Marcy Rosen
 Contributor address; City; State; Zip Code

\$35.00

242 E. Elmview Pl San Antonio TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/1/21

Ian Farrelly
 Contributor address; City; State; Zip Code

\$25.00

857 George St. Lantana TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)

2/2/21

Noelle Fields

\$100.00

6 Contributor address; City; State; Zip Code

6009 Rock Cove Flower Ward TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/3/21

Elizabeth Danielson

\$25.00

Contributor address; City; State; Zip Code

2043 Greenston Trl. Carrollton TX 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/3/21

Leah Montez

\$100.00

Contributor address; City; State; Zip Code

1101 Apache lake dr. Carrollton TX 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/4/21

Angela Brewer For Texas

\$250.00

Contributor address; City; State; Zip Code

624 W. University Dr Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Adjunct Professor

UNT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/5/21

Lynette Shirk

\$10.00

6 Contributor address; City; State; Zip Code

15829 NE 106th St Redmond WA 98052

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/5/21

Katy Schares

\$10.00

Contributor address; City; State; Zip Code

1803 Park Dr. Cedar Falls IA 50613-4561

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/6/21

Linda Fabre

\$25.00

Contributor address; City; State; Zip Code

1704 Palmetto Dr. Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/6/21

Kim Wallace

\$25.00

Contributor address; City; State; Zip Code

6663 Greenwood Ln Houston TX 77058

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/21	5 Full name of contributor <i>Tanya Rhodes</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>3607 Whispering Brook Dr. Kingwood TX 77345</i>	7 Amount of contribution (\$) <i>\$15.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/7/21	Full name of contributor <i>Asma Anwar</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>4057 Legacy Tel Carrollton TX 75007</i>	Amount of contribution (\$) <i>\$15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/7/21	Full name of contributor <i>Hannah Sharp</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>6411 W. Robertson Dr. Boise ID 83709</i>	Amount of contribution (\$) <i>\$15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/7/21	Full name of contributor <i>Jenny Bates</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>9908 Angel Bend Denton TX 76208</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melissa Adams</i>	7 Amount of contribution (\$)
<i>2/8/21</i>	6 Contributor address; City; State; Zip Code <i>102 Devron Ct. Highland Village TX 75077</i>	<i>\$25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michelle Reed</i>	Amount of contribution (\$)
<i>2/8/21</i>	Contributor address; City; State; Zip Code <i>6301 Branchwood Trl Flower Mound TX 75028</i>	<i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cathy Snyder</i>	Amount of contribution (\$)
<i>2/9/21</i>	Contributor address; City; State; Zip Code <i>2005 Pembroke Pl Denton TX 76205</i>	<i>\$75.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kathy Dixon</i>	Amount of contribution (\$)
<i>2/9/21</i>	Contributor address; City; State; Zip Code <i>1702 Norwood Ct. Corinth TX 76210</i>	<i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James McClinton</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>411 Dublin St. Lewisville TX 75067</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chns Leal</i>	Amount of contribution (\$) <i>\$35.00</i>
Contributor address; City; State; Zip Code <i>1777 N Record St Apt 5409 Dallas TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tenlyn Scott Winful</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1608 Flowers Dr. Carrollton TX 75007</i>		
Principal occupation / Job title (See Instructions) <i>BSW HTPN MD</i>		Employer (See Instructions) <i>BSW HTPN</i>

Date <i>2/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashleigh Miller</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code <i>18880 Marsh Ln Apt 701 Dallas TX 75287</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Full name of contributor <i>Risper Abraham</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code <i>3625 West Walnut Hill Ln Irving TX 75038</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/13/21	Full name of contributor <i>Barbara Stevens</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code <i>509 Medina Dr. Highland Village TX 75019</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/13/21	Full name of contributor <i>Annette Brunken</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>331 Seonic Dr. Highland Village TX 75019</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/13/21	Full name of contributor <i>Vincent Butler Jr.</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>746 Colonel Dr. Garland TX 75043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/13/21</i>	5 Full name of contributor <i>Robert Thomas</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>4309 Palmole Dr. Plano TX 75024</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/13/21</i>	Full name of contributor <i>Misty Knight</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1915 Diamond Ridge Dr. Carrollton TX 75010</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/13/21</i>	Full name of contributor <i>Debbie Simon</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code <i>4401 Manor Way Flower Mound TX 75028</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/13/21</i>	Full name of contributor <i>Leah Montez</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$35.00</i>
Contributor address; City; State; Zip Code <i>1101 Apache II dr. Carrollton TX 75010</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
2/13/21	Frank Vaughan 311 Herod Lewisville Tx 75057	\$25.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/14/21	Stephanie Turner 3401 Jameston Dr. Flower Mound Tx 75028	\$25.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/13/21	Bethany George 2725 Woodside Dr. Highland Village Tx 75037	\$100.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/15/21	Sandy Swan 1413 Cambridge Ln Denton Tx 76209	\$50.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
2/16/21	Wyetta Robinson Oquendo 6 Contributor address; City; State; Zip Code 4025 Holmes Blvd Carrollton TX 75006	\$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/17/21	Ashleigh Miller Contributor address; City; State; Zip Code 18880 Marsh Ln #101 Dallas TX 75287	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/17/21	Liz Cambra Contributor address; City; State; Zip Code 2800 W Aspen Ct Plano TX 75075	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/17/21	Debbie Simon Contributor address; City; State; Zip Code 440 Manor Way Flower Mound TX 75028	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
2/19/21	Debbie Simon 6 Contributor address; City; State; Zip Code 4401 Manor Way Flower Mound TX 75028	\$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/21/21	Antonella Longo Contributor address; City; State; Zip Code 15 Horse Shoe Dr. Highland Village TX 75077	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/22/21	Chris Leal Contributor address; City; State; Zip Code 1777 N Record St. Dallas TX 75202	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/23/21	Jessica Steele Contributor address; City; State; Zip Code 1648 Prescott Cir Flower Mound TX 75028	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
2/25/21	Roberta Staveky 6 Contributor address; City; State; Zip Code 2107 Sugglass Dr. Carrollton TX 75007	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/26/21	Allison Maguire Powell Contributor address; City; State; Zip Code 2208 Miranda Pl Denton TX 76210	\$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/27/21	Diana Branson Contributor address; City; State; Zip Code 13912 Rustler Pass Ranch Rd Pooroke TX 76842	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/28/21	Mary Cornwall Contributor address; City; State; Zip Code 3937 Indian Oaks Ln Carrollton TX 75010	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/21</i>	5 Full name of contributor <i>Tia Duncan</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$15.00</i>
6 Contributor address; City; State; Zip Code <i>1228 Denise Ct Lewisville TX 75067</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/28/21</i>	Full name of contributor <i>Shelia Taylor</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>913 Kenimore Dr. Lewisville TX 75077</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/28/21</i>	Full name of contributor <i>Sharon Stark</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>9815 Bell Rock Rd Frisco TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/28/21</i>	Full name of contributor <i>Sheena King</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>5960 Stacy Rd #2008 McKinney TX 75070</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/01/21	5 Full name of contributor <i>Sarah Naik</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code <i>7549 Stonebrook Pkwy Frisco TX 75034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/1/21	Full name of contributor <i>Ian Farrelly</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>857 George St. Lantana TX 76226</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/2/21	Full name of contributor <i>Janetta Allspaugh</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>1572 Shannon Dr. Lewisville TX 75077</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/3/21	Full name of contributor <i>Leslie Brewer</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>2700 Alwood Dr. Flower Mound TX 75028</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacey Campbell</i> 6 Contributor address; City; State; Zip Code <i>273 Paintree Dr. Highland Village TX 75007</i>	7 Amount of contribution (\$) <i>\$25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zachary Cruse</i> Contributor address; City; State; Zip Code <i>4233 Keys DR The Colony TX 75056</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kimberly Olson</i> Contributor address; City; State; Zip Code <i>Po Box 1263 Mineral Wells TX 76067</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynette Shirk</i> Contributor address; City; State; Zip Code <i>15829 NE 106th St. Redmond WA. 98052</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/6/21

Sherrelle Evans Jones

\$250.00

6 Contributor address;

City;

State;

Zip Code

936 S. Orchard Ln Lewisville Tx 75067

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Accountant

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/7/21

Eric Page

\$25.00

Contributor address;

City;

State;

Zip Code

2251 North Mill St. Lewisville Tx 75057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/7/21

Jordan Villarreal

\$10.00

Contributor address;

City;

State;

Zip Code

4 Par Ct Mansfield Tx 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/7/21

Travis Wiltshire

\$100.00

Contributor address;

City;

State;

Zip Code

517 Caden Ln Alamo Heights Tx 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Felice	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 212 Reliance Pl San Antonio TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Reed	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6301 Branchwood Trl Flower Mound TX 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikki Sumrow	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10880 Cardiff Ln Frisco TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashleigh Miller	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1880 Marsh Ln Apt 701 Dallas TX 75287		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/12/21	5 Full name of contributor Hazel Weathers <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 10525 Copperfield Ln Plano TX 75023		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/12/21	Full name of contributor Jaqueline Boisvert <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1304 Colton Dr. Lewisville TX 75067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/13/21	Full name of contributor Eric Carroll <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 13454 Louisa Ct Ennis TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/15/21	Full name of contributor Sandy Swan <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1443 Cambridge Ln Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/19/21

Debbie Simon

\$25.00

6 Contributor address;

City;

State;

Zip Code

4401 Manor Way Flower Mound TX 75028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/17/21

Debbie Simon

\$50.00

Contributor address;

City;

State;

Zip Code

4401 Manor Way Flower Mound TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/19/21

Drew Wilborn

\$45.00

Contributor address;

City;

State;

Zip Code

3015 Seattle Stew Celina TX 75009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/19/21

Whitner Dieterich

\$35.00

Contributor address;

City;

State;

Zip Code

136 Cielo Lane Shady Shores TX 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <i>3/21/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonella Longo</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>15 Horse Shoe Dr. Highland Village TX 75077</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rita Jones</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>1079 W Round Grove Suite 300 #147 Lewisville TX 75067</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/25/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hava Johnston</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>250 Ingot Dr. Frisco TX 75033</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/25/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Savanna Powell</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1537 Shannon Dr. Lewisville TX 75077</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chameria Dade</i>	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code <i>444 N Cowan Ave Lot B3 Lewisville TX 75057</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alison Powell</i>	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code <i>2208 Miranda Pl Denton TX 76210</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terri Domenech</i>	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code <i>937 Madison Cir Lewisville TX 75067</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leah Montez</i>	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>1101 Apache Lake Dr Carrollton TX 75010</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jenny Bates</i>	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2411 S Interstate 35 E 622 Denton Tx 76210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Sanders</i>	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1220 Stonehedge Pl Flower Mound Tx 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sara Jackson</i>	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4200 Blue Grass Court Flower Mound Tx 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Sample</i>	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4408 Scott Dr. Flower Mound Tx 75022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Lopez</i>	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code <i>4201 Phoenix Dr. Carrollton TX 75010</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherry Stewart</i>	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <i>50 Remington Terrace Highland Village TX 75077</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tee Dixon</i>	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code <i>14400 North Town St Mt Vernon GA 30243</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Coalition of Black Democrats</i>	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code <i>P.O. Box 103712 Ft Worth TX 76101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Paige DeW

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Judy Clay

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State;

Zip Code

4212 Oak Grove Dr. Carrollton TX 75006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/21

Full name of contributor

out-of-state PAC (ID#: _____)

Antoinette Atkins

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

809 Valley View Lewisville TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Phyllis Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/19/21</i>	5 Payee name <i>Texas Democratic Party</i>	
6 Amount (\$) <i>\$640.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 15707 Austin TX 78761</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Access to Voter Database</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1/19/2021</i>	Payee name <i>UPS Store</i>	
Amount (\$) <i>\$ 9.25</i>	Payee address; City; State; Zip Code <i>1079 W Round Grove Rd Lewisville TX 75067</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Copies</i>
	<input checked="" 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 <i>1/20/21</i>	Payee name <i>JY Printing</i>	
Amount (\$) <i>\$476.00</i>	Payee address; City; State; Zip Code <i>1308 Starlight Ave Aubrey TX 76227</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Campaign T-shirts</i>
	<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 <i>Raye Dixon</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/27/21</i>	5 Payee Name <i>Zoom</i>
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6 Amount (\$) <i>\$15.99</i>	7 Payee address; <i>55 Almaden Blvd Suite 400 San Jose California 91153</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Virtual Platform</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/1/21</i>	Payee name <i>Taylor Hogeland</i>
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Amount (\$) <i>\$500</i>	Payee address; <i>4111 Ave A Apt 107 Austin TX 78751</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other Consulting</i>	Description <i>Consulting</i>
	<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
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Date <i>2/2/21</i>	Payee name <i>UPS Store</i>
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Amount (\$) <i>\$70.75</i>	Payee address; <i>1079 W Round Grove Rd Lewisville TX 75067</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>mail, copies</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Diana Dixon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/2/21</i>		5 Payee name <i>ups store</i>			
6 Amount (\$) <i>\$10.73</i>		7 Payee address; City; State; Zip Code <i>1079 W Round Grove Rd Louisville TX 75067</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>		(b) Description <i>Mail</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3/4/21</i>		Payee name <i>ups store</i>			
Amount (\$) <i>\$11.36</i>		Payee address; City; State; Zip Code <i>1079 W. Round Grove Rd Louisville TX 75067</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <i>Mail</i>		
	<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	
Date <i>3/9/21</i>		Payee name <i>Just Yard Signs</i>			
Amount (\$) <i>\$355.00</i>		Payee address; City; State; Zip Code <i>2235 Mercator Dr Orlando FL 32807</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Yard Signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/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 <i>Paige Dixon</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/2/21</i>	5 Payee name <i>Sticker Mule</i>
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6 Amount (\$) <i>\$305.00</i>	7 Payee address; City; State; Zip Code <i>336 Forest Ave, Amsterdam NY 12010</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Buttons, Stickers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/9/21</i>	Payee name <i>Reilly Echols Print</i>
-----------------------	--

Amount (\$) <i>\$963.43</i>	Payee address; City; State; Zip Code <i>1710 SHardwood St. Dallas TX 75215</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Literature</i>
	<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
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Date <i>2/9/21</i>	Payee name <i>My Campaign Store</i>
-----------------------	--

Amount (\$) <i>\$1,469.25</i>	Payee address; City; State; Zip Code <i>304 Whittington Pkwy, Ste 201 Louisville Kentucky 40222</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Literature</i>
	<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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raige Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/21</i>	5 Payee name <i>Zoom</i>	
6 Amount (\$) <i>\$15.19</i>	7 Payee address; City; State; Zip Code <i>55 Almaden Suite 400 San Jose California 95153</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Virtual Platform</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <i>3/29/21</i>	Payee name <i>Lowes</i>
Amount (\$) <i>\$30.20</i>	Payee address; City; State; Zip Code <i>1051 Stemons Ln Louisville TX 70007</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>
	Description <i>Supplies for signs</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	
Candidate / Officeholder name	
Office sought	
Office held	

Date <i>3/31/21</i>	Payee name <i>Taylor Hogeland</i>
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>411 Ave A Apt 107 Austin TX 78751</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>
	Description <i>Consulting</i>
(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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/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 <i>Raige Dixon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/1/21</i>		5 Payee name <i>Zoom</i>			
6 Amount (\$) <i>\$15.99</i>		7 Payee address; <i>55 Almaden Blvd Suite 400 San Jose California 91153</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>		(b) Description <i>Virtual Platform</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/1/21</i>		Payee name <i>Taylor Hogeland</i>			
Amount (\$) <i>\$250.00</i>		Payee address; <i>4111 Ave A Apt 107</i>		City; State; Zip Code <i>Austin TX 78015</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Consulting</i>		
	<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 <i>3/2/21</i>		Payee name <i>Just Yard Signs</i>			
Amount (\$) <i>\$430.00</i>		Payee address; <i>2235 Merced St</i>		City; State; Zip Code <i>Albany Ga 31707</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Yard Sign</i>		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/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 <i>Raige Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/21</i>	5 Payee name <i>Taylor Hazelwood</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>4111 Ave A 107 Hudson TX 76031</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <i>Consulting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/24/21</i>	Payee name <i>ups store</i>	City; State; Zip Code
Amount (\$) <i>\$17.72</i>	Payee address; <i>10719 Wound Grove Rd Lewisville TX 75057</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Mail</i>
	<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 <i>3/1/21</i>	Payee name <i>Name Cheap</i>	City; State; Zip Code
Amount (\$) <i>\$13.16</i>	Payee address; <i>4401 E Washington St. Suite 305 Phoenix AZ 85034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>URL</i>
	<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 <i>Tracy Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/16/21</i>	5 Payee name <i>Just Yard Signs</i>	
6 Amount (\$) <i>\$430.00</i>	7 Payee address; City; State; Zip Code <i>2235 Mercedes Dr. Orlando Fla. 32817</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	
	(b) Description <i>Yard Signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>2/22/21</i>	Payee name <i>Name Cheap</i>	
Amount (\$) <i>\$12.94</i>	Payee address; City; State; Zip Code <i>4406 Washington St. Suite 305 Houston TX 77034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	
	Description <i>URL</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>2/23/21</i>	Payee name <i>Rellie Echols Print</i>	
Amount (\$) <i>\$703.63</i>	Payee address; City; State; Zip Code <i>1710 S Henderson St. Dallas TX 75215</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	
	Description <i>Campaign Literature</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/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 <i>Paige Dixon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/23/21</i>		5 Payee name <i>UPS store</i>			
6 Amount (\$) <i>\$12.43</i>		7 Payee address;		City;	State; Zip Code
		<i>1019 W Round Grove Rd Louisville TX 75007</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Other</i>		<i>Mail</i>		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/26/21</i>		Payee name <i>Ride Share</i>			
Amount (\$) <i>\$50.00</i>		Payee address;		City;	State; Zip Code
		<i>2020 N Service Rd Irving TX 75063</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Other</i>		<i>Help get voters rides to the polls</i>		
		<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 <i>3/26/21</i>		Payee name <i>Lowes</i>			
Amount (\$) <i>\$20.13</i>		Payee address;		City;	State; Zip Code
		<i>1051 Stammers Fry Louisville TX 75007</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Other</i>		<i>Supplies for signs</i>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete 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 <i>Paige Dwan</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/17/21</i>	5 Payee name <i>Lowes</i>
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6 Amount (\$) <i>\$111.15</i>	7 Payee address: <i>1051 Simmons Ave Lewisville TX 76067</i>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Supplies for sign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/18/21</i>	Payee name <i>Office Max</i>
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Amount (\$) <i>\$5.94</i>	Payee address: <i>2325 Simmons Ave Lewisville TX 76067</i>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Sign Supplies</i>
	<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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME <i>Pierce Pope</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/21</i>	5 Payee name <i>Walmart</i>	
6 Amount (\$) <i>\$86.73</i>	7 Payee address; City State Zip Code <i>190 e Round Grove Road newtsville TX 76060</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Other</i>	(b) Description (See instructions regarding type of information required.) <i>Blanket for the homeless</i>
	Date	Payee name
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City State Zip Code	

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