

# 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:

29

**OFFICE USE ONLY**

Date Received

Received

JAN 15 2021

LISD / Supt Ofc

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Paige Dixon

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

194 CIVIC Circle Lewisville TX 75029  
P.O. Box 293234

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 784 5398

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Jennifer Strobel

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

11301 Farrah, Unit 227 Austin TX 78748

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(737) 333 8645

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

7 / 16 / 2020

THROUGH

Month Day Year

1 / 15 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

May election

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Lewisville ISD School board Justice Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

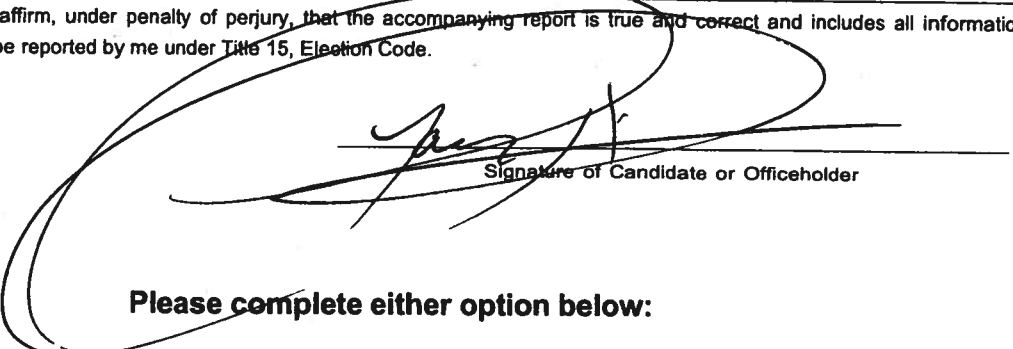
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

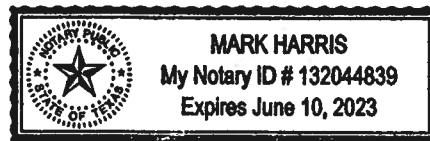
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,195.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 400.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,794.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

  
 Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Paige Dixon this the 15 day of January

20 21, to certify which, witness my hand and seal of office.

[Signature] Mark Harris Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Paige Dixon</i>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,195</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>400.88</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>506.00</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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: <i>21</i>
2 FILER NAME <i>Paige Dixon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Fitzgerald</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>2141 Norlock Ln. Dallas TX 76201</i>		
8 Principal occupation / Job title (See Instructions) <i>Account manager</i>		9 Employer (See Instructions) <i>C&amp;G Strategies</i>
Date <i>11/30/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becca De Felice</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>212 Retama Pl San Antonio TX 78209</i>		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
Date <i>11/30/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lindsey Perry</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>3212 Mulholland Rd Conroh TX 76210</i>		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
Date <i>11/30/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carla Lee Day</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>3600 Windhaven Place Lewisville TX 76056</i>		
Principal occupation / Job title (See Instructions) <i>Diagnostician</i>		Employer (See Instructions) <i>Lewisville 15D</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Paige Dixon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/01/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Bloom</i>	7 Amount of contribution (\$)  <i>\$25.00</i>
	6 Contributor address; City; State; Zip Code <i>2019 Crestwood Pl. Denton TX 76209</i>	
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions)
Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Penny Mallet</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1144 Kelly Ln. Lewisville TX 75077</i>	<i>\$25.00</i>
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Leonard</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>3614 Postwood Dr Spring TX 77388</i>	<i>\$25.00</i>
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyrstin Melberg</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>119 Owens Ln Denton TX 76209</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 <i>Paige Dixon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/01/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Misty Knight</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>290 Country Ridge Rd. Lewisville TX 76067</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myjellita Cadena</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>111 University Suite 105 Box 302 Denton TX 76209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Fisher</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>1919 Winding Creek Blvd Flower Mound TX 76022</i>		
Principal occupation / Job title (See Instructions) <i>Fisher Legal, LLC</i>		Employer (See Instructions) <i>Attorney</i>

Date <i>12/01/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Santhi Mathew</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>7128 Arches Ave Irving TX 75063</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>Lewisville ISD</i>

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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2 FILER NAME <i>Paige Dixon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/08/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adam Swartz</i>	7 Amount of contribution (\$) <i>\$36.00</i>
6 Contributor address; City; State; Zip Code <i>10223 Regal Oaks Dr. Dallas TX 75230</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>Mahide Roach</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1821 Emery Street Denton TX 76201</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>12/04/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Dean</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>2704 Vista Bluff Lewisville TX 75067</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>12/06/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Sivi</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>5517 Frost Lane 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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1 Total pages Schedule A1:

21

2 FILER NAME

Paige Dixon

3 Filer ID (Ethics Commission Filers)

4 Date

12/27/2020

5 Full name of contributor

Leah Montez

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

1101 Apache Lake Dr. Carrollton TX 75010

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/28/2020

Full name of contributor

Shella Mbata

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2305 S Custer Rd McKinney TX 75072

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/2020

Full name of contributor

Felicita Patterson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

10505 Hidden Valley St El Paso TX 79924

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/2020

Full name of contributor

Ashleigh Miller

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

15880 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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1 Total pages Schedule A1:

21

2 FILER NAME

Paige Dixon

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/2021

5 Full name of contributor

Trleigh Roach

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

1821 Emery St. Denton Tx. 76201

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/02/2021

Full name of contributor

Shequeta Bryant Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

2350 Houston lake Rd. Apt 1702 Kathleen GA. 31107

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/02/2021

Full name of contributor

Meryn Cruz Yeliciano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

520 Sandalwood Place #6 Escondido CA 92027

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/03/2021

Full name of contributor

Olivia Aguirre

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

1104 Lakeland Dr. Highland Village 75077

\$50.00

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:

21

2 FILER NAME

*Ridge Dixon*

3 Filer ID (Ethics Commission Filers)

4 Date

*01/03/2021*

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

*Krystal Stroud*

7 Amount of contribution (\$)

*\$15.00*

6 Contributor address; City; State; Zip Code

*2001 Teasley Ln Apt 233 Denton TX 76205*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*01/03/2021*

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

*Jessica Brown*

Amount of contribution (\$)

*\$25.00*

Contributor address; City; State; Zip Code

*2800 Stanford Ln Flower Mound TX 75028*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*01/04/2021*

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

*Eileen Chavez*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*416 Simmons Rd Double Oak TX 76077*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*01/04/2021*

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

*Ada Arqueta*

Amount of contribution (\$)

*\$5.00*

Contributor address; City; State; Zip Code

*1359 River Ridge Blvd Grand Prairie TX 75050*

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:

21

2 FILER NAME

*Raige Dixon*

3 Filer ID (Ethics Commission Filers)

4 Date

*01/04/2021*

5 Full name of contributor

*Roberta Stark*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$50.00*

6 Contributor address;

City;

State;

Zip Code

*2707 Spinglass dr. Carrollton TX 75007*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*01/05/2021*

Full name of contributor

*Elizabeth Dyer*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$25.00*

Contributor address;

City;

State;

Zip Code

*P.O. Box 302383 Austin TX 78703*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*01/06/2021*

Full name of contributor

*Traci McDowell*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50.00*

Contributor address;

City;

State;

Zip Code

*7522 Dragonfly Ln Gibsonton FL 33534*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*01/08/2021*

Full name of contributor

*Michelle Reed*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$25.00*

Contributor address;

City;

State;

Zip Code

*6301 Branch Wood Trl. Flower Mound TX 75028*

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:

21

2 FILER NAME

*Raige Dixon*

3 Filer ID (Ethics Commission Filers)

4 Date

*01/08/2021*

5 Full name of contributor

*Krishn Mellberg*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

*119 Owens Ln Denton Tx 76209*

City; State; Zip Code

*\$25.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*01/8/2021*

Full name of contributor

*Brandi Southwell*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

*301 Coronado dr. #1037 Denton Tx 76209*

City; State; Zip Code

*\$25.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/8/2021*

Full name of contributor

*Patrick Gray*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

*509 Fox hunter Ft Worth Tx 76181*

City; State; Zip Code

*\$250.00*

Principal occupation / Job title (See Instructions)

*Administrator*

Employer (See Instructions)

*Lewisville ISD*

Date

*1/9/2021*

Full name of contributor

*Terry Randle*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

*11340 Warbannet dr. El Paso Tx 79986*

City; State; Zip Code

*\$100.00*

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:

21

2 FILER NAME

*Paige Dixon*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/11/2021*

5 Full name of contributor

*Ashleigh Miller*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$10.00*

6 Contributor address; City; State; Zip Code

*1840 Marsh Ln Apt 701 Dallas TX 75287*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/13/2021*

Full name of contributor

*Chris Neal*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$30.00*

Contributor address; City; State; Zip Code

*1777 N. Record St Apt 5409 Dallas TX 75202*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/13/2021*

Full name of contributor

*Penny Mallet*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50.00*

Contributor address; City; State; Zip Code

*1144 Kelly Ln Lewisville TX 75077*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/13/2021*

Full name of contributor

*Stephanie Turner*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$50.00*

Contributor address; City; State; Zip Code

*3461 Chestnut Dr. Flowermound TX 75038*

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:

21

2 FILER NAME

Paige Dixon

3 Filer ID (Ethics Commission Filers)

4 Date

1/14/2021

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lara Young

7 Amount of contribution (\$)

\$15.00

6 Contributor address;

City;

State;

Zip Code

3012 Brekenridge dr. Flowermound TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marian Walters

Amount of contribution (\$)

\$15.00

Contributor address;

City;

State;

Zip Code

1300 White Dove Ln Denton TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jill Karnell

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

2532 Vista View dr. Lewisville TX 75067

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Leah Montez

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

1101 Apache Lake dr. Carrollton TX 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Paige Dixon

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/2000

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Stobnenko

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

1816 Brown Thrasher Blvd Savannah TX 76087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/14/2001

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard Fleming

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4599 McEwen Rd. #568 Farmers Branch TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/2001

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Serita Fontanesi

Amount of contribution (\$)

\$15.00

Contributor address;

City;

State;

Zip Code

3001 Stockheld Pkwy Apt 4311 Austin TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/2001

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Starla Johnson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1813 Crest Hollow Circle Leoville TX 75067

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21

2 FILER NAME

*Page Dixon*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/16/2021*

5 Full name of contributor

*Sandy Swan*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

*1413 Cambridge Ln*

*Denton*

*TX 76209*

*\$50.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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)

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.

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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 F4:	2 FILER NAME <i>Paige Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>12/27/2020</i>	6 Payee name <i>Uline</i>	
7 Amount (\$) <i>\$132.00</i>	8 Payee address; City; State; Zip Code <i>980 W. Bethel Rd. Coppell TX 75019</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>door knob bags</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <i>12/26/2020</i>	Payee name <i>USPS</i>	
Amount (\$) <i>\$36.50</i>	Payee address; City; State; Zip Code <i>194 Civic Circle Lewisville TX 75067</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>	Description <i>Stamps</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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Ridge Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>12/28/2020</i>	6 Payee name <i>Fanucchi Photography</i>	
7 Amount (\$) <i>\$128.00</i>	8 Payee address; City; State; Zip Code <i>1524 Fairfield Ct. Lawrenceville Tx. 75077</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Photos</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/14/2021</i>	Payee name <i>Square Space</i>	
Amount (\$) <i>\$ 6.50</i>	Payee address; City; State; Zip Code <i>Eight Clarkson St. 12th Floor New York NY 10014</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Website</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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 F4:	2 FILER NAME <i>Daije Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/13/2021</i>	6 Payee name <i>Office Max</i>	
7 Amount (\$) <i>\$36.36</i>	8 Payee address; City; State; Zip Code <i>Vista Ridge Village 23253 Shammons Fwy Lewisville TX 75067</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Printing expense</i>	<i>Banner</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>1/12/2021</i>	Payee name <i>Texas Ethics Commission</i>	
Amount (\$) <i>\$2.52</i>	Payee address; City; State; Zip Code <i>P.O. Box 12070 Austin TX 78111-2070</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Fee</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		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Paige Dixon</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/8/2021</i>	6 Payee name <i>USPS</i>	
7 Amount (\$) <i>\$ 59.00</i>	8 Payee address; City; State; Zip Code <i>194 Civic Circle Lewisville Tx 75067</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Post Office Box</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>Page Dixon</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>Fanucchi Photography</i>	
<b>6</b> Amount (\$) <i>\$140.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1524 Fairheld Ct. Lewisville TX. 75077</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	<b>(b)</b> Description <i>Photos</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <i>1/8/2020</i>	Payee name <i>Square Space</i>	
Amount (\$) <i>\$216.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Eight Clarkson St. 12th Floor New York NY 10014</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Website</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date <i>12/24/2020</i>	Payee name <i>Progressive Change Campaign Committee</i>	
Amount (\$) <i>\$150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1629 K St. Suite 300 N.W. Washington D.C. 20006</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Campaign training / tools / support</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED