

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

DAN

NICKNAME

LAST

SUFFIX

PATTERSON

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2022 FEB 21 PM 10:03
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
REPUTATION

FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT./SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 140502

DALLAS, TX 75214

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 632-3483

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

CHRIS

NICKNAME

LAST

SUFFIX

PATTERSON

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT./SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 140502

DALLAS, TX 75214

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 773-2125

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 / 30 / 22

2 / 21 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

3 / 1 / 22

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

JV062, CCC # 1

13 OFFICE SOUGHT (if known)

JV062, CCC # 1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GOTO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME

PAN PATTERSON

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 8523.40

CONTRIBUTION BALANCE

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

\$ 15,405.83

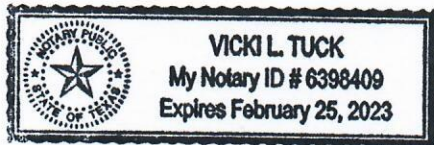
OUTSTANDING LOAN TOTALS

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

\$ 646.00

19 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Patterson, this the 21st day of February, 2022, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Vicki L. Tuck

Print name of officer administering oath

[Signature]

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 7	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2.1.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHARLEY THOMPSON	7 Amount of contribution (\$) 500-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4304 VILLAGE GREEN IRVING, TX 75038		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation RETIRED		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2.1.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WARREN ABRAMS	Amount of contribution (\$) 750-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10300 N. CENTRAL #283 DALLAS, TX 75231		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2.1.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARL TILLEY	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4513 LEMON TREE GARLAND, TX 75043		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation RETIRED		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J):	
2 FILER NAME DAN PATTERSON				3 ACCOUNT # (Ethics Commission filers):	
4 Date 2.1.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRAIG SMITH	7 Amount of contribution (\$) 100-	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 600 COMMNER DALLAS, TX 75202		(If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation JUDGE			10 Contributor's job title		
11 Contributor's employer/law firm STATE OF TEXAS			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					

4 Date 2.1.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARMEN MITCHELL	7 Amount of contribution (\$) 500-	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 3113 WEBB AVE. #150 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation ATTORNEY			Contributor's job title		
Contributor's employer/law firm SELF			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

4 Date 2.17.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A-AFFORDABLE B-NOS	7 Amount of contribution (\$) 1000-	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 111 CONTINENTAL #500 DALLAS, TX 75207		(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation BONS CO.			Contributor's job title		
Contributor's employer/law firm			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers):	
4 Date 2.5.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BURNS	7 Amount of contribution (\$) 250-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 COMMENCE DALLAS, TX 75202		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation JUDGE		10 Contributor's job title	
11 Contributor's employer/law firm STATE OF TEXAS		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2.17.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN BELL	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12655 N. CENTRAL #315 DALLAS, TX 75202		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2.17.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANGER BURNS	Amount of contribution (\$) 1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1011 S. COCKRELL HILL COCKRELL HILL, TX 75211		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation BURNS Co.		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers):	
4 Date 2.2.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEPHANIE HUFF	7 Amount of contribution (\$) 100-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 133 N. RIVERFRONT DALLAS, TX 75207		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation JUDGE		10 Contributor's job title	
11 Contributor's employer/law firm STATE OF TEXAS		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2.2.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STONEMAN DEMOCRATS	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 192305 DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation POLITICAL CLUB		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2.17.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DELTA BONDS	Amount of contribution (\$) 750-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 257 S. RIVERFRONT DALLAS, TX 75207		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation BOND CO.		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J):	
2 FILER NAME DAN PATTERSON				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2.2.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAIIME RESNOEZ	7 Amount of contribution (\$) 250-	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 1458 MISSION HILLS DALLAS, TX 75217		(If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation ATTORNEY			10 Contributor's job title		
11 Contributor's employer/law firm SELF			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					

Date 2.3.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHEQUITTA DOUBERT	Amount of contribution (\$) 100-	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code 133 N. RIVERFRONT DALLAS, TX 75207		(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation JUDGE			Contributor's job title		
Contributor's employer/law firm DALLAS Co.			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

Date 2.3.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELLEN MAGNIS	Amount of contribution (\$) 250-	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code 5511 PRESTON FAIRWAYS DALLAS, TX 75252		(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation NON-PROFIT EXEC.			Contributor's job title		
Contributor's employer/law firm FAMILY GATEWAY			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME DAN PATTERSON		3 ACCOUNT # (Ethics Commission filers):	
4 Date 2.3.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARMEN WHITE	7 Amount of contribution (\$) 100 -	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 133 N. RIVERFRONT DALLAS, TX 75207		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation JUDGE		10 Contributor's job title	
11 Contributor's employer/law firm DALLAS CO.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2.13.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERRY BENTLEY HILL	Amount of contribution (\$) 150 -	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 3131 MCKINNEY # 800 DALLAS, TX 75204		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2.14.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADAM SMOEL	Amount of contribution (\$) 500 -	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 8150 N. CENTRAL #1255 DALLAS, TX 75206		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME **DAN PATTERSON** 3 ACCOUNT # (Ethics Commission filers):

4 Date 2.14.22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHNNY LANZILLO	7 Amount of contribution (\$) 50-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code RICHANSON, TX 75080		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **ASTRONOMY** 10 Contributor's job title

11 Contributor's employer/law firm **SELF** 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 2.14.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ELIZABETH HOWARD	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9623 ATHLONE DALLAS, TX 75218		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **RETIRED** Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 2.1.22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID WELLS	Amount of contribution (\$) 475-	In-kind contribution description (if applicable) <input checked="" type="checkbox"/> POLITICAL AD.
Contributor address; City; State; Zip Code 901 LONGMEADOW DR, DORTO, TX 75115		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **INVESTIGATION** Contributor's job title

Contributor's employer/law firm **SELF** Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2.1.22	5 Payee name BEYOND THE SLOGAN
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6 Amount (\$) 3000-	7 Payee address; City; State; Zip Code 2710 SOUTH CREEK # 4120 RICHARDSON, TX 75082
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) AD. EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) TEXT PROGRAM <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.8.22	Payee name REILLY RECHOLS
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Amount (\$) 2192.06	Payee address; City; State; Zip Code 1710 S. HARWOOD DALLAS, TX 75215
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T) MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.8.22	Payee name REILLY RECHOLS
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Amount (\$) 426.23	Payee address; City; State; Zip Code 1710 S. HARWOOD DALLAS, TX 75215
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T) MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.10.22	Payee name BEYOND THE SLOGAN
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Amount (\$) 1965.00	Payee address; City; State; Zip Code 2710 SOUTH CREEK # 4120 RICHARDSON, TX 75082
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES, ETC..	Description (If travel outside of Texas, complete Schedule T) WALK PROGRAM <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2.15.22	5 Payee name DEMOCRACY TOOLBOX
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6 Amount (\$) 75-	7 Payee address; City; State; Zip Code 8552 ROYAL COUNTRY DOWN MCKINNEY, TX 75070
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / BEV. Exp.	(b) Description (If travel outside of Texas, complete Schedule T) LUNCHES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.18.22	Payee name BILLY REHOLS
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Amount (\$) 723.11	Payee address; City; State; Zip Code 1710 S. HANWOOD DALLAS, TX 75215
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AD. EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.19.22	Payee name DONORBOX
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Amount (\$) 150-	Payee address; City; State; Zip Code 601 KING ST. # 200 ALEXANDRIA, VA, 22314
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) ONLINE CONTRIBUTIONS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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