

# 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	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR      FIRST      MI Bernetta Jo NICKNAME      LAST      SUFFIX Young	<b>OFFICE USE ONLY</b> Date Received 2022 JAN 18 PM 2:21 FILED JOHN WANKEN COUNTY CLERK DALLAS COUNTY DEPT. OF COUNTY CLERK BY _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 445 East FM 1382 suite #3-201 Cedar Hill, TX 75104		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 934-9070		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR      FIRST      MI Latricia Meshel Kennedy NICKNAME      LAST      SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1130 Ritz Cedar Hill, TX 75104		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (469) 235-7751		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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      THROUGH      Month      Day      Year 07 / 16 / 2021      THROUGH      01 / 15 / 2022		
11 ELECTION	ELECTION DATE Month      Day      Year 03 / 01 / 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 4 Area 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Bernetta Jo Young</u>		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)	\$ 1962
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15096
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1962
	4. TOTAL POLITICAL EXPENDITURES	\$ 13958.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 729.80
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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bernetta Jo Young, and my date of birth is MARCH 6, 1962.  
 My address is 445 East FM 1382 # 3-201 Coker Hill, TX 75104 Dallas.  
 Executed in Dallas County, State of TX, on the 18 day of JANUARY, 20 22.  
 Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15096
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1962
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15920.43
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 300.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: 1 of 28

2 FILER NAME Bernetta Jo Young

3 Filer ID (Ethics Commission Filers)

4 Date 7/29/21 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Carmel Bradkins

7 Amount of contribution (\$) \$250

6 Contributor address; City; State; Zip Code  
216 HARTLY LANE Red Oak TX 75154

8 Principal occupation / Job title (See Instructions)  
Medical Assistant

9 Employer (See Instructions)

Date 7/29/21 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Roy Coleman

Amount of contribution (\$) \$50

Contributor address; City; State; Zip Code  
1605 LACY LN Mesquite TX

Principal occupation / Job title (See Instructions)  
Mechanic

Employer (See Instructions)

Date 7/29/21 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Ganbric Edwards

Amount of contribution (\$) \$20

Contributor address; City; State; Zip Code  
201 West Willow Creek Lancaster TX

Principal occupation / Job title (See Instructions)  
Inspector

Employer (See Instructions)  
City of Dallas

Date 7/29/21 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Oscar D. Epps RD

Amount of contribution (\$) \$200

Contributor address; City; State; Zip Code  
115 West Bettinge Nesto TX 75115

Principal occupation / Job title (See Instructions)  
Pastor

Employer (See Instructions)  
Community Missionary Baptist Church

**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: <b>2 of 28</b>
2 FILER NAME <b>Bennett, Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Genevieve Evensley</b>	7 Amount of contribution (\$) <b>\$130</b>
6 Contributor address; City; State; Zip Code <b>1016 Magnolia Lane Cedar Hill TX 75104</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>NIA</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Felita Johnson</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>103 Hunter Dr Cedar Hill, TX 75104</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Jones</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>21 Shady Oaks Res Oak, TX 75154</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NIA</b>
Date <b>7/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Barthwell</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>2208 Trinidad Dallas TX</b>		
Principal occupation / Job title (See Instructions) <b>Admin</b>		Employer (See Instructions) <b>City of Dallas</b>

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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: <b>3 of 28</b>
2 FILER NAME <b>Bernatta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tina B Richardson</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>2004 THAMES DR ARLINGTON, TX 76017</b>		
8 Principal occupation / Job title (See Instructions) <b>Assistant Director</b>		9 Employer (See Instructions) <b>City of Dallas</b>
Date <b>7/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Rollenson</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1529 Swift Fox DR Lancaster, TX</b>		
Principal occupation / Job title (See Instructions) <b>Inspector</b>		Employer (See Instructions) <b>City of Dallas</b>
Date <b>7/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ingrid Williams</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>5202 Andalusia Trail Fort Worth, TX</b>		
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>Fort Worth TSP</b>
Date <b>7/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert R Penn</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>3838 Oak Lawn Ave #1216 Dallas, TX 75219</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Oil company owner</b>

**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: 4 of 28
2 FILER NAME Bernatta Jo Young		3 Filer ID (Ethics Commission Filers)
4 Date 7/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Darden	7 Amount of contribution (\$) \$50.
6 Contributor address; City; State; Zip Code 3407 Tulip Ln Rowlett TX		
8 Principal occupation / Job title (See Instructions) Support staff		9 Employer (See Instructions) V-PAY
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett Darden	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venisha Davis	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2505 Spring Rain Dr Mesquite TX 76151		
Principal occupation / Job title (See Instructions) Hayaty Tax		Employer (See Instructions) owner
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merith Sepulveda	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 2030 Mary Dale Dallas TX 75208		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) City of Dallas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <b>5 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/24/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelia Kay</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>8011 Whay CT Houston, TX 77088</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date <b>7/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leroy Moses</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>11002 Greenstars Houston, TX 77089</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>7/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Belinda Ramsey</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3800 Shoal Creek The Colony 75056</b>		
Principal occupation / Job title (See Instructions) <b>Daycare Owner</b>		Employer (See Instructions) <b>Twinkle Tot</b>
Date <b>7/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gylvestor Turner</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; City; State; Zip Code <b>3722 Cypress Grove Lane Houston, TX 77088</b>		
Principal occupation / Job title (See Instructions) <b>Mayor</b>		Employer (See Instructions) <b>CITY OF HOUSTON</b>

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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: <b>6 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/26/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Clayton</b>	7 Amount of contribution (\$) <b>\$ 25</b>
6 Contributor address; City; State; Zip Code <b>2317 Birdwell Dr Fanny, TX 75126</b>		
8 Principal occupation / Job title (See Instructions) <b>Acct Rep</b>		9 Employer (See Instructions) <b>DMAC</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Opal Hoskins</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6990 Cedar CT Ovilla TX 75154</b>		
Principal occupation / Job title (See Instructions) <b>MANAGER</b>		Employer (See Instructions) <b>City of Dallas</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LITICIA Roundtree</b>	Amount of contribution (\$) <b>\$ 10</b>
Contributor address; City; State; Zip Code <b>25706 Smothersman Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions) <b>Warehouse</b>		Employer (See Instructions) <b>Vision Center</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAQUITA MCGOWAN</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>3025 51st Street Dallas TX 75216</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>

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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: <b>7 of 28</b>
2 FILER NAME <b>Bernette Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LASHANDA WARTNEY</b>	7 Amount of contribution (\$) <b>\$ 25</b>
6 Contributor address; City; State; Zip Code <b>315 Trees Dr Cedar Hill TX 75104</b>		
8 Principal occupation / Job title (See Instructions) <b>Process Improvement</b>		9 Employer (See Instructions) <b>Dallas County</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LATERNICA BROWN</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>3025 St Dallas TX 75216</b>		
Principal occupation / Job title (See Instructions) <b>Closer</b>		Employer (See Instructions) <b>Homepoint</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TYRONE MCGILL</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>323 Meadow Brook Drive Cedar Hill TX 75124</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NIPT</b>
Date <b>7/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAQUINA GILBERT</b>	Amount of contribution (\$) <b>\$ 25</b>
Contributor address; City; State; Zip Code <b>312 Oleander Dr Dexto TX 75115</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>

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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: 8 of 28
2 FILER NAME <i>Bernetta Jo Young</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betty Staten</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>738 Seabeach Rd Dallas, TX 75232</i>		
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions) <i>Unemployed</i>
Date <i>7/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Hayes</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>P.O. Box 143161 Irving, TX 75114</i>		
Principal occupation / Job title (See Instructions) <i>Paralegal</i>		Employer (See Instructions) <i>DIA</i>
Date <i>7/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Misty Brookins</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>623 Barton Cedar Ridge Drexelville TX 75116</i>		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions) <i>unemployed</i>
Date <i>7/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debrah Mitchell</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>2709 Calico Creek Path, AR 72116</i>		
Principal occupation / Job title (See Instructions) <i>Admin</i>		Employer (See Instructions) <i>Government</i>

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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: <b>9 of 20</b>
2 FILER NAME <b>Bennette Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/30/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nwooso Ngozi</b>	7 Amount of contribution (\$) <b>\$ 50</b>
6 Contributor address; City; State; Zip Code <b>1313 Blencoe DR Glen Heights TX 75154</b>		
8 Principal occupation / Job title (See Instructions) <b>Environmental mgt</b>		9 Employer (See Instructions) <b>City of Dallas</b>
Date <b>7/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonja Williams</b>	Amount of contribution (\$) <b>\$ 75</b>
Contributor address; City; State; Zip Code <b>1717 Vetican LN Dallas TX 75224</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>7/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Lindsey</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>1564 Warwick DR Lancaster TX 75134</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>7/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Crystal Woods</b>	Amount of contribution (\$) <b>\$ 200</b>
Contributor address; City; State; Zip Code <b>7901 Goforth Dallas TX 75238</b>		
Principal occupation / Job title (See Instructions) <b>MANAGER</b>		Employer (See Instructions) <b>City of Dallas</b>

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

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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: <b>10 of 28</b>
2 FILER NAME <b>Bernetha Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/31/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Valerie Evans</b>	7 Amount of contribution (\$) <b>\$25</b>
6 Contributor address; City; State; Zip Code <b>1104 south Kalamazoo Broken Bow OK 74012</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Private firm</b>
Date <b>8/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Rios</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>P.O. Box 2025 Coppell, TX 75019</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>8/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Meloni Gail PASC</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>73 SAN Felipe Way Novato CA 94945</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lester Harris</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>821 Standford Lancaster TX 75134</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Pull up mobil Detail</b>

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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: <b>11 of 20</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Harris</b>	7 Amount of contribution (\$) <b>\$ 1,000</b>
6 Contributor address; City; State; Zip Code <b>1200 Smith Ste 1550 Houston TX 77002</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Harris Law Firm</b>
Date <b>8/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Collins</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>1936 Chickawau Ave 90091</b>		
Principal occupation / Job title (See Instructions) <b>HR/VP</b>		Employer (See Instructions) <b>Warren Media</b>
Date <b>8/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Evans Semice</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>3306 Hunter Oaks CT</b>		
Principal occupation / Job title (See Instructions) <b>Clergy</b>		Employer (See Instructions) <b>Bethlehem Baptist Church</b>
Date <b>8/31/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cheryl Franklin</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>P.O. Box 397711 Dallas TX 75339</b>		
Principal occupation / Job title (See Instructions) <b>Director (Iberian)</b>		Employer (See Instructions) <b>DISD</b>

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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: <b>12 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/2/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ernestine Hill</b>	7 Amount of contribution (\$) <b>\$30</b>
6 Contributor address; City; State; Zip Code <b>1101 East 2nd Okmulgee OK 7447</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>9/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Pios</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>450 South Denton Tap RD Coppel, TX 75019</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>9/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shezi Murphy</b>	Amount of contribution (\$) <del>\$150</del> <b>\$50</b>
Contributor address; City; State; Zip Code <b>4848 Foxshire Tampa FL 33624</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>9/14/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Shelton</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6746 Keswick Dr Dallas 75232</b>		
Principal occupation / Job title (See Instructions) <b>Inspector</b>		Employer (See Instructions) <b>City of Dallas</b>

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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: <b>13 of 20</b>
2 FILER NAME <b>Bernette Jo Yobhs</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/14/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesia Ramsey</b>	7 Amount of contribution (\$) <b>\$ 25</b>
6 Contributor address; City; State; Zip Code <b>2600 Ventura Dr Apt #822</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date <b>9/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kaela Bunzic</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>4505 Harrogate Dr Norman OK 73072</b>		
Principal occupation / Job title (See Instructions) <b>Management</b>		Employer (See Instructions) <b>UGI</b>
Date <b>9/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charizetta McMurray Horton</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>3226 Summerwood Ct Pearland TX 77584</b>		
Principal occupation / Job title (See Instructions) <b>Nurse Executive</b>		Employer (See Instructions) <b>Harris Health</b>
Date <b>9/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jackie Smith</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>1626 Timber Creek Dr Missouri City, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>Nurse</b>		Employer (See Instructions) <b>MD Anderson</b>

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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: 14 of 28
2 FILER NAME Bennetta Jo Young		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Moore	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code Southeast 83rd Street 73149 OK, OK		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 9/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Woods	Amount of contribution (\$) \$ 20 0
Contributor address; City; State; Zip Code 7901 coforth TX 75238		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of Dallas
Date 9/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zel Palmer	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 1319 Mission Street Dancenville, TX 75137		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 9/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Harris	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 5 Dellwood Lane Canyon, TX 79015		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) self employer

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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: <b>15 of 28</b>
2 FILER NAME <b>Bernetha Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/19/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dawn Finley</b>	7 Amount of contribution (\$) <b>\$25</b>
6 Contributor address; City; State; Zip Code <b>6709 Bankhead Lane Plano, TX 75074</b>		
8 Principal occupation / Job title (See Instructions) <b>Director of sales</b>		9 Employer (See Instructions) <b>Bello Marison</b>
Date <b>9/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Johnson</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>4502 Electra Street Dallas, TX 75215</b>		
Principal occupation / Job title (See Instructions) <b>Inspector</b>		Employer (See Instructions) <b>City of Dallas</b>
Date <b>9/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amye Thompson Hollins</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>2405 Southwood Drive Dallas, TX 75233</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>9/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kennedy Williams</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>17119 Village Lane Dallas, TX 75248</b>		
Principal occupation / Job title (See Instructions) <b>Marketing</b>		Employer (See Instructions) <b>American Airlines</b>

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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: 16 of 28
2 FILER NAME Bernetta Jo Young		3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Jones	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 10913 County RD 4038		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 9/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deniese Darden	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 3407 Tulipkn Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Customer Support		Employer (See Instructions) VPAY
Date 9/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karel Miller	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1801 Stewart Dr Carrollton TX 75010		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Community College
Date 9/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernestine Hill	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 17119 Villase Patn Dallas TX 75248		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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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: 17 of 28
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gwendolyn H. Daniels</b>	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code <b>537 Ivy Way Garland, TX 75043</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rod See</b>	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code <b>3315 Cambridge Arlington, TX 74013</b>		
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>Rate one</b>
Date 9/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVIA STEVENSON</b>	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code <b>6675 Highland Lakes Place Westerville, OH 43082</b>		
Principal occupation / Job title (See Instructions) <b>Counselor</b>		Employer (See Instructions) <b>Self employed</b>
Date 10/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesta Anderson</b>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code <b>2201 Crooked Oaks Court</b>		
Principal occupation / Job title (See Instructions) <b>Inspector</b>		Employer (See Instructions) <b>City of Dallas</b>

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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: 18 of 28
2 FILER NAME Bernetta Jo Young		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Potter	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 17519 Big Basin Lane Humble TX 77346		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Robin Chandler	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 7822 Adagio Ave Houston TX 77040		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) PWC
Date 10/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlene Mays	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 318 Kentwood Dr Murphy TX 75094		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) AIG
Date 10/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Allen	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 3031 Pine St Dallas TX 75215		
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions) City of Dallas

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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: <b>19 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlzeta McMurray-Horta</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>3226 Summerwind Court</b>		
8 Principal occupation / Job title (See Instructions) <b>Nurse</b>		9 Employer (See Instructions) <b>Harris Hospital</b>
Date <b>9/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raelonda Robinson Howard</b>	Amount of contribution (\$) <b>\$30</b>
Contributor address; City; State; Zip Code <b>1823 Egyptian Dr Dallas TX</b>		
Principal occupation / Job title (See Instructions) <b>Project Manager</b>		Employer (See Instructions) <b>Grayhound</b>
Date <b>9/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leana Robinson</b>	Amount of contribution (\$) <b>\$30</b>
Contributor address; City; State; Zip Code <b>1823 Egyptian Dr Dallas TX</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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: <b>20 of 28</b>
2 FILER NAME <b>Bernette Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Darden</b>	7 Amount of contribution (\$) <b>#25</b>
6 Contributor address; City; State; Zip Code <b>3407 Tulip LN Rowlett TX 75089</b>		
8 Principal occupation / Job title (See Instructions) <b>Customer Service</b>		9 Employer (See Instructions) <b>VPAW</b>
Date <b>10/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Schaelene Brooks</b>	Amount of contribution (\$) <b>#25</b>
Contributor address; City; State; Zip Code <b>4523 Stonebridge DR Pearland TX 77584</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
Date <b>10/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raconda Howard</b>	Amount of contribution (\$) <b>#25</b>
Contributor address; City; State; Zip Code <b>1823 Egyptian DR Dallas TX</b>		
Principal occupation / Job title (See Instructions) <b>Project Manager</b>		Employer (See Instructions) <b>Grayhound</b>
Date <b>10/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob See</b>	Amount of contribution (\$) <b>#500</b>
Contributor address; City; State; Zip Code <b>3315 Cambridge Arlington TX 76013</b>		
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions) <b>Rateone</b>

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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: <b>21 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reginald Hill</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 1764 Denton, TX 76202</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Letitia Hughes</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3106 Dexto, TX 75123</b>		
Principal occupation / Job title (See Instructions) <b>Brooker</b>		Employer (See Instructions) <b>The Hughes Group</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charity Young</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>1100 Commerce Dr Greenock TX 75401</b>		
Principal occupation / Job title (See Instructions) <b>Warehouse</b>		Employer (See Instructions) <b>Warehouse</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wanda Davis</b>	Amount of contribution (\$) <b>\$10</b>
Contributor address; City; State; Zip Code <b>928 Briar Grove Place Lancaster TX 75146</b>		
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>

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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: <b>22 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/5/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kamelia Cotton</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>701 Desto Dr Desto, TX 75115</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denita Johnson</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>3486 Stonington CT Douglasville GA 30135</b>		
Principal occupation / Job title (See Instructions) <b>Chemist</b>		Employer (See Instructions) <b>Fulton Co GA</b>
Date <b>11/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lester Harris</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>821 Stanford Lane Cedar TX 75134</b>		
Principal occupation / Job title (See Instructions) <b>Owner detail shop</b>		Employer (See Instructions) <b>Pull-up mobile detail</b>
Date <b>11/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Daeden</b>	Amount of contribution (\$) <b>\$2.5</b>
Contributor address; City; State; Zip Code <b>3407 Tulip LN Baydett, TX 75089</b>		
Principal occupation / Job title (See Instructions) <b>Customer Service</b>		Employer (See Instructions) <b>VPAY</b>

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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: <b>23 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesta Anderson</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>2201 Crooked Creek Arlington TX 76012</b>		
8 Principal occupation / Job title (See Instructions) <b>Inspector</b>		9 Employer (See Instructions) <b>City of Dallas</b>
Date <b>12/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Jones</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>8701 S. 3rd Ave Inglewood TX 90305</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Promoter</b>
Date <b>12/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gretta Epps</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>729 Somerset Dr Cedar Hill TX 75104</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>12/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ellerson Spurlock</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1220 Bohac Lane Acworth GA 30607</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Realtor</b>

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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: <b>24 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/2/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robbie Williams</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address; City; State; Zip Code <b>17119 Village Lane Dallas TX 75248</b>		
8 Principal occupation / Job title (See Instructions) <b>Vice President</b>		9 Employer (See Instructions) <b>Public Storage</b>
Date <b>8/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anthony Coleman</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>518 North Elm Street Lancaster TX 75146</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Travel Agent</b>
Date <b>10/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beverly Davis</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>2530 Woodmore Dr Dallas TX 75233</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>10/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anita Holmes</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>8724 NE 47th St Spencer OK 73084</b>		
Principal occupation / Job title (See Instructions) <b>Auditor</b>		Employer (See Instructions) <b>IRS</b>

**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: <b>25 of 28</b>
2 FILER NAME <b>Berhette So Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/7/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darnell Lowery</b>	7 Amount of contribution (\$) <b>\$40</b>
6 Contributor address; City; State; Zip Code <b>720 Rain Lily Dr Dero, TX 75115</b>		
8 Principal occupation / Job title (See Instructions) <b>Accountant</b>		9 Employer (See Instructions) <b>Accounting</b>
Date <b>12/6/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK DAVIS</b>	Amount of contribution (\$) <b>\$300</b>
Contributor address; City; State; Zip Code <b>17727 Lake Malone Ct Humble TX 77346</b>		
Principal occupation / Job title (See Instructions) <b>Retires police</b>		Employer (See Instructions) <b>Retires</b>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <b>26 of 28</b>
2 FILER NAME <b>Bernette Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ester Jordan</b>	7 Amount of contribution (\$) <b>\$200</b>
6 Contributor address; City; State; Zip Code <b>#407 12601 South Green Houston TX 77034</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>8/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gillies Dallas</b>	Amount of contribution (\$) <b>\$156</b> <i>(return of overpayment)</i>
Contributor address; City; State; Zip Code <b>1135 S. Lamar Street Dallas, TX 75215</b>		
Principal occupation / Job title (See Instructions) <b>Event Venue</b>		Employer (See Instructions) <b>—</b>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <b>27 of 28</b>
2 FILER NAME <b>Bernetta Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leticia Hughes</b>	7 Amount of contribution (\$) <b>\$200</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 3106 Pesto TX 75115</b>		
8 Principal occupation / Job title (See Instructions) <b>Brook ee</b>		9 Employer (See Instructions) <b>The Hughes Group</b>
Date <b>12/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robbie Williams</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>17119 Villiage LN Dallas TX 75248</b>		
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Public Storage</b>
Date <b>12/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jackie Potter</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>17519 BigBasin LN Humble TX 77346</b>		
Principal occupation / Job title (See Instructions) <b>Retires</b>		Employer (See Instructions) <b>Retires</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Montecott</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>2208 Trinidad Dallas 75232</b>		
Principal occupation / Job title (See Instructions) <b>Admin</b>		Employer (See Instructions) <b>City of Dallas</b>

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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: <b>28 of 28</b>
2 FILER NAME <b>Bernhella Jo Young</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred Bonnes</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>10939 Watts Run Lane Cypress TX 77433</b>		
8 Principal occupation / Job title (See Instructions) <b>Professor</b>		9 Employer (See Instructions) <b>PVAM</b>
Date <b>12/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Thomas</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>2502 Riverside Grand Prairie TX 75050</b>		
Principal occupation / Job title (See Instructions) <b>Admin/DNA</b>		Employer (See Instructions) <b>Government</b>
Date <b>1/7/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leta R Anderson</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>2201 Crooked OAK COURT</b>		
Principal occupation / Job title (See Instructions) <b>Inspector</b>		Employer (See Instructions) <b>City of Dallas</b>
Date	Full name of contributor <input type="checkbox"/> 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 2</b>	
2 FILER NAME <b>Bernetta So Young Lisa and Reggie Hill</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$<del>1,400</del> \$1,962</b>	
5 Date <b>7/29/20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LISA and Reggie Hill</b>	8 Amount of Contribution \$ <b>\$400</b>	9 In-kind contribution description <b>paid to venue for kickoff</b>
7 Contributor address; City; State; Zip Code <b>P.O. BOX 1764 Denton TX 76202</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Unemployed</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Unemployed</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>Unemployed</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>Unemployed</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>N/A</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>205 2</b>	
2 FILER NAME <b>Bernetta Jo Youngland H.2</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,962</b>	
5 Date <b>7/20/2021</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jackie Potter</b>	8 Amount of Contribution \$ <b>\$ 1,000</b>	9 In-kind contribution description <b>money paid to Gilley's for Fundraiser</b>
7 Contributor address; City; State; Zip Code <b>17519 Big Basin Lane Humble TX 77346</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>NIA</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>Retired</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>NIA</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>NIA</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>NIA</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>NIA</b>			
Date <b>7/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob See</b>	Amount of Contribution \$ <b>\$562.00</b>	In-kind contribution description <b>Payment to Gilley's for Fundraiser</b>
Contributor address; City; State; Zip Code <b>2221 E Lamar Blvd 76006</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Massage</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>NIA</b>	
Contributor's principal occupation (FOR JUDICIAL) <b>massage</b>		Contributor's job title (FOR JUDICIAL)(See Instructions) <b>massage therapist</b>	
Contributor's employer/law firm (FOR JUDICIAL) <b>Wallrock &amp; Volk</b>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>NIA</b>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>NIA</b>			

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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: 3 of 14		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8/17/21		5 Payee name Juliett Bravo Agency			
6 Amount (\$) \$3,000		7 Payee address; City; State; Zip Code 4941 Locklearway Marietta, GA 30066			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Fees		(b) Description Payment of invoice for consulting fees		
	(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 Bernetta Jo Young 4.2		Office sought Office held	
Date 8/30/2021		Payee name Dallas CO Democratic Party			
Amount (\$) \$200		Payee address; City; State; Zip Code 1414 N Washington Ave, Dallas, TX 75204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description Labor Day Picnic Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernetta Jo Young 4.2		Office sought Office held	
Date 7/29/2021		Payee name Gilleys Dallas			
Amount (\$) \$1,962		Payee address; City; State; Zip Code 1135 S. Haman street Dallas TX 75245			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description (From In kindy funds) Kick off event		
	<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 Bernetta Jo Young J.P. 42		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.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME Bernetta Jo Young JP 4.2	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/26/2021	<b>5</b> Payee name Gilley's Dallas	
<b>6</b> Amount (\$) \$900	<b>7</b> Payee address; City; State; Zip Code 1135 S. LAMAR STREET DALLAS, TX 75215	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Deposit for fundraiser
	<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 Bernetta Jo Young JP 4.2	Office sought Office held DIA
Date 7/26/2021	Payee name Bank of America	
Amount (\$) \$15	Payee address; City; State; Zip Code 156 W Belt Line RD Cedar Hill TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fee for cashiers check
	<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 Bernetta Jo Young JP 4.2	Office sought Office held DIA
Date 7/26/2021	Payee name Bank of America	
Amount (\$) \$25	Payee address; City; State; Zip Code 156 W Belt Line Rd Cedar Hill, TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Items changed Back to Account and Fee
	<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 Bernetta Jo Young JP 4.2	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.

<b>1</b> Total pages Schedule F1: 2 of 14	<b>2</b> FILER NAME Bennetta Jo Young	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/26/2021	<b>5</b> Payee name PhotoLAB	
<b>6</b> Amount (\$) 006	<b>7</b> Payee address; City; State; Zip Code 684 Lake Carolyn Pky #133E Irving TX 75039	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting	<b>(b)</b> Description Deposit to test Accuracy of Account
	<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 Bennetta Jo Young	Office sought / Office held JP 4.2
Date 7/26/2021	Payee name PhotoLAB	
Amount (\$) 002	Payee address; City; State; Zip Code 684 Lake Carolyn Pky #133E Irving TX 75039	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Account	Description Deposit to test Accuracy for account
	<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 Bennetta Jo Young	Office sought / Office held JP 4.2
Date 8/17/2021	Payee name Juliett Bravo Agency	
Amount (\$) 715.08	Payee address; City; State; Zip Code 4941 Locklear Way Marietta, GA 30066	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description PAYMENT OF INVOICE
	<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 Bennetta Jo Young	Office sought / Office held J.P 4.2

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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.

<b>1</b> Total pages Schedule F1: 4 of 14	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/16/2021	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 156 Betting Cedar Hill, TX 75104	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Bank Fee	<b>(b)</b> Description Cashiers check fee
	<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 Bernetta Jo Young	Office sought / Office held 4.2
Date	Payee name Bernetta Jo Young	
Amount (\$) \$19.49	Payee address; City; State; Zip Code 445 East FM 1382 # 3-201 Cedar Hill, TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Payment for items for Holiday Parade
	<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 Bernetta Jo Young	Office sought / Office held 4.2
Date 12/13/2021	Payee name Nethel Jackson	
Amount (\$) \$1,250	Payee address; City; State; Zip Code 2851 Toluca Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Fees	Description Block walk, staff event and distribute campaign literature
	<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 Bernetta Jo Young	Office sought / Office held 4.2

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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: <b>5 of 14</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/23/21</b>		5 Payee name <b>Bank of America</b>			
6 Amount (\$) <b>\$30</b>		7 Payee address; City; State; Zip Code <b>156 Beltline RD Cedar Hill, TX 75104</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>		(b) Description <b>Fees for cashiers check</b>		
	(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 <b>Bernetta Jo Young J.P. 4.2</b>		Office sought Office held	
Date <b>10/19/2021</b>		Payee name <b>Trackbann</b>			
Amount (\$) <b>\$100</b>		Payee address; City; State; Zip Code <b>141 Sundance CR Waxahatchie TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Car signs</b>		
	<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 <b>Bernetta Jo Young J.P. 4.2</b>		Office sought Office held	
Date <b>11/14/2021</b>		Payee name <b>Dallas Democratic Party</b>			
Amount (\$) <b>\$100</b>		Payee address; City; State; Zip Code <b>1414 North Washington St Dallas 75204</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event</b>		Description <b>Democratic Party Kickoff Fee</b>		
	<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 <b>Bernetta Jo Young J.P. 4.2</b>		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.

<b>1</b> Total pages Schedule F1: 6 of 14	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/20/2021	<b>5</b> Payee name Cheryl Smith	
<b>6</b> Amount (\$) \$500	<b>7</b> Payee address; City; State; Zip Code Metro News 320 SRL Thornton <del>Freeway</del> # 220 Dallas, TX	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Printed ad in Dallas Metro News
	<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 Bernetta Jo Young	Office sought J.P. 4.2
<b>Date</b> 10/3/2021	<b>Payee name</b> LISA GRAY	
<b>Amount (\$)</b> 98.00	<b>Payee address; City; State; Zip Code</b> 4811 Duncanville RD Duncanville Texas	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) other	<b>Description</b> outreach activity with Camp J
	<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 Bernetta Jo Young	Office sought J.P. 4.2
<b>Date</b> 9/30/2021	<b>Payee name</b> Elite News	
<b>Amount (\$)</b> \$ 75.00	<b>Payee address; City; State; Zip Code</b> P.O. Box 380071 Duncanville TX 75123	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event	<b>Description</b> Payment for ticket to Banquet/Women of Wisdom
	<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 Bernetta Jo Young	Office sought J.P. 4.2

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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.

<b>1</b> Total pages Schedule F1: 7 of 14	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/30/2021	<b>5</b> Payee name UPS	
<b>6</b> Amount (\$) \$75	<b>7</b> Payee address; City; State; Zip Code 445 East FM 1382 Cedar Hill, TX 75104	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description for payment of Post office box
	<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 Bernetta Jo Young JP. 4.2	Office sought Office held
Date 10/11/2021	Payee name Celebrating Life Foundation	
Amount (\$) \$50	Payee address; City; State; Zip Code 10455 N. Central Expressway Ste 109124 Dallas, TX 75231	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Fee for table at sister to sister event
	<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 Bernetta Jo Young JP 4.2	Office sought Office held
Date 10/7/2021	Payee name Lisa Gray	
Amount (\$) 56.00	Payee address; City; State; Zip Code 4811 Duncanville RD Duncanville, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting/office	Description Fees and expense relating to assisting campaigns
	<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 Bernetta Jo Young JP 4.2	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 8 of 14	<b>2</b> FILER NAME Bernetta Jo Young	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/5/2021	<b>5</b> Payee name Dallas Photo Lab	
<b>6</b> Amount (\$) \$2,178.70	<b>7</b> Payee address; City; State; Zip Code 684 Lake Carolyn Pky #133E Irving, TX 75039	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses	<b>(b)</b> Description Printed items for campaign Logo posters, pushcans, yard signs T-shirts, masks
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
Date 10/7/21	Payee name Lajoyce Megenssey	
Amount (\$) \$156.00	Payee address; City; State; Zip Code 117 Adelia Drive Fate, TX 75189	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Administrative duties including outreach
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
Date 11/23/21	Payee name Fishbowl Radio	
Amount (\$) \$107.00	Payee address; City; State; Zip Code 2225 E Randol Mill Rd #427 Arlington, TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Cost for <del>advertising</del> Advertising on radio.
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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: 9 of 14		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9/22/2021		5 Payee name Cheryl SMITH Dallas Metro News			
6 Amount (\$) \$500		7 Payee address; City; State; Zip Code 320 SRL Thornton Freeway # 220 Dallas, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <del>Advertising</del> Advertisement in Metro News Paper		
	(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: Bernetta Jo Young J.P. 4.2					
Office sought: Office held:					
Date 9/30/2021		Payee name The Juliett Bradford Agency			
Amount (\$) \$1,000		Payee address; City; State; Zip Code 4941 Lockleaf Way Marietta, GA 30066			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Payment for consulting fee related to managing Campaign		
	<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: Bernetta Jo Young J.P. 4.2					
Office sought: Office held:					
Date 9/30/2021		Payee name Bernetta Jo Young			
Amount (\$) \$65.80		Payee address; City; State; Zip Code P.O. Box 132701 Dallas, TX 75313			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Event		Description <del>Fast tent</del> offices supplies and items portable to staff event		
	<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: Bernetta Jo Young J.P. 4.2					
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: 10 of 14		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8/12/2021		5 Payee name Dallas Photo Lab			
6 Amount (\$) \$145.02		7 Payee address; 684 Lake Carolyn Pky #133E Irving TX 75039		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing items for campaign		
	<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 Bernetta Jo Young J.P. 4.2		Office sought Office held	
Date 9/8/2021		Payee name Lisa Gray			
Amount (\$) \$28.55		Payee address; 4811 Duncanville RD Duncanville, TX		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD		Description reimbursement for lunch purchases during meeting		
	<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 Bernetta Jo Young J.P. 4.2		Office sought Office held	
Date 8/22/2021		Payee name Dallas AFLCIO			
Amount (\$) \$170		Payee address; 1408 Washington St Dallas, TX 75204		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description payment for event (Breakfast) AFLCIO		
	<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 Bernetta Jo Young J.P. 4.2		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: 11 of 14	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2021	5 Payee name Bank of America	
6 Amount (\$) \$32.96	7 Payee address; City; State; Zip Code 156 West Bellline Cedar Hill, TX 75104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank fees	(b) Description order of checks
	(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 Bernetta Jo Young J.P. 4.2	
Date 9/29/2021	Payee name Bank of America	
Amount (\$) \$15	Payee address; City; State; Zip Code 156 West Bellline Cedar Hill, TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service charge for cashiers check/punter service
	(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 Bernetta Jo Young J.P. 4.2	
Date 9/28/2021	Payee name Elite News	
Amount (\$) \$650	Payee address; City; State; Zip Code P.O. Box 380071 Duncanville Dallas, TX 75183	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print for Advertisement in paper
	(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 Bernetta Jo Young J.P. 4.2	

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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: 12 of 14		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12/1/2021		5 Payee name Bank of America			
6 Amount (\$) \$ 16.00		7 Payee address; 156 Beltline Cedar Hill TX 75104		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description monthly service charge		
	(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 Bernetta Jo Young J.P. 4.2		Office sought Office held	
Date 12/9/2021		Payee name Jackie Potten			
Amount (\$) \$ 500		Payee address; 17519 Big Basin		City; State; Zip Code Humble, TX 77346	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description refund of campaign contribution		
	<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 Bernetta Jo Young JP 4.2		Office sought Office held	
Date 12/6/2021		Payee name TCBD Dallas Co			
Amount (\$) \$ 150		Payee address; PO. BOX 763024		City; State; Zip Code Dallas, TX 75376	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description Banquet Ticket		
	<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 Bernetta Jo Young J.P. 4.2		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.

<b>1</b> Total pages Schedule F1: 13 of 14	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/29/2021-11/15/2022	<b>5</b> Payee name PAY PAL	
<b>6</b> Amount (\$) \$64.02	<b>7</b> Payee address; City; State; Zip Code P.O. Box 105658 Atlanta, GA 30348	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Online Banking	<b>(b)</b> Description Online Bank charges
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
<b>Date</b> 7/29/21-11/15/2022	<b>Payee name</b> Stripe	
<b>Amount (\$)</b> \$590.96	<b>Payee address; City; State; Zip Code</b> 510 Townsend Street San Francisco, TX 94103	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Banking	<b>Description</b> Online Banking Charge
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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

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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.

<b>1</b> Total pages Schedule F1: 14 of 14	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/9/2021	<b>5</b> Payee name City Grand Prairie	
<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code 300 West Main Street Grand Prairie TX 75050	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event	<b>(b)</b> Description Building usage change for COVID-19 event
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
Date 10/19/2021	Payee name Bernetta Jo Young	
Amount (\$) \$30	Payee address; City; State; Zip Code 445 East Fm 1382 Ste 3-201 Cedar Hill, TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising/Event	Description Funds used to purchase gift cards for giveaway at event
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2
Date	Payee name Bernetta Jo Young	
Amount (\$) \$35.27	Payee address; City; State; Zip Code 445 East Fm 1382 #3-201 Cedar Hill, TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expenses	Description Office copies, clipboards and misc office supplies
	<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 Bernetta Jo Young	Office sought / Office held J.P. 4.2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Bernetta Jo Young	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 3,000
<b>5</b> Date 11/8/2023	<b>6</b> Payee name Juliett Bravo Agency	
<b>7</b> Amount (\$) \$ 3,000	<b>8</b> Payee address; City; State; Zip Code 4941 Locklearway Marietta, GA 30066	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description Outstanding invoice for (Sept, Oct and November)
	<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>11</b> Complete <u>ONLY</u> 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
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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED