JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY PAMELA SMITHAM **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX PAMELA LUTHER 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE OFFICEHOLDER 133 N. RIVERFRONT BLVD. 3RD FLOOR LB 10 MAILING DALLAS, TX 75207 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Dat **OFFICEHOLDER** 569-2917 (469)PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR LOU ANN RICHARDSON **TREASURER** Date Processed NAME NICKNAME SUFFIX LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 6905 BATTLE CREEK **ADDRESS** FORT WORTH, TX 76116 (Residence or Business) PHONE NUMBER AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** 400-3812 PHONE 9 REPORT TYPE XX January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 12 21 31 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Other Day Year Description 22 General Special 12 OFFICE 13 OFFICE SOUGHT (if known) JUDGE-DALLAS COUNTY CT OF CRIMINAL APPEALS 2 14 NOTICE FROM 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, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	CANDIDATE / OFFICEHOLDER FINANCE REPORT	FORM JC/OH COVER SHEET PG 2
15 JC/OH NAME	16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3200
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,487.80
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,709.58
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	tamela Lushe	n
	Famela Luffle Signature of Candidate Please complete either option below:	- m
NOTARY STAMP/SEA Sworn to and subscribed 20 22 , to certify	Please complete either option below: BE E Kirk Imission Expires 1023 128563794 before me by which witness my hand and seal of office. E Dun DEATRICE E. RIRK (1)	2022 JAN 12 AM 12: 00 AM 10: 45 day of Americans Americans day of Americans
NOTARY STAMP/SEA	Please complete either option below: De E Kirk Impliasion Expires 123 128563794 Defore me by which witness my hard and seal of office. E Dun DEATRICE E. DIRK (12)	2022 JAN 12 AM 12: 00 AM 10:45
NOTARY STAMP/SEA Sworn to and subscribed 20 22 , to certify	Please complete either option below: BE E Kirk Imission Expires 023 128563794 before me by which witness my hand and seal of office. E SEATRICE E LIBRE OR	2022 JAN 12 AM 12: 00 AM 10: 45 day of Immustrator

(street)

__ County, State of

__ , on the __

(city)

__day of ____(month)

(state)

Signature of Candidate/Officeholder (Declarant)

(zip code)

, 20______(year)

(country)

DALLAS COUNTY SUBTOTALS - JC/OH ELECTIONS DEPARTMENT

FORM JC/OH **COVER SHEET PG 3**

2022 JAN 12 AM 10: 45				
19 FILER NAME 20 Filer ID (Ethic	s Commission Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3200			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4. SCHEDULE E: LOANS	\$			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,497.80			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

(after June 50)

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MONETARY POLITICAL CONFRIBUTIONSMENT (JUDICIAL) 2022 JAN 12 AM 10: 47

SCHEDULE A(J)1

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 A(J)1:
FILERNAME Luther	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: D. Silbert Friedlander 6 Contributor address; City; 2021 Mc Kinney Aue Dallas	State; Zip Code # 500
8 Contributors principal occupation	Contributor's job title
O Contributor's employed law firm Sidley Quatter LLP 2 If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$) State; Zip Code Amount of contribution (\$)
lawyer	Contributor's job title Law firm of contributor's spouse (if any)
Date Full name of contributor Out-of-state PAC ID#:_ 7-4-21 Contributor address; City; 325 N, St Paul Dalles TX	Amount of contribution (\$) #5500 State: Zip Code 7520/
Contributor's pfincipal occupation Lawyer Contributor's employed aw firm Lely If contributor is a child, law firm of pagent(s) (if any)	Contributor's job title Law firm of contributor's spouse (if any)

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 DALLAS COUNTY (JUDICIAL)

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 A(J)1: 5
2 FILER NAME	PAMELA LUTHER		3 Filer ID (Ethics Commission Filers)
4 Date 7-28-21	5 Full name of contributor		7 Amount of contribution (\$)
	6 Contributor address; City; 4925 Greenville Ave., Dallas TX 75	State; Zip Code 206	\$100
8 Contributor's principal occupation Lawyer 9 Contributor's job title Lawyer			
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8-28-21	Timothy Sommers Contributor address; City; State; Zip Code 3109 Westshore Dr., Rowlett, TX 75088		\$500
Contributor's p	principal occupation	Contributor's job title Lawyer	
Contributor's e	smployer/law firm self	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
9-2-21	Contributor address; City; 1700 Pacific, Dallas Tx 75201	State: Zip Code	\$100
Contributor's p Lawye	rincipal occupation r	Contributor's job title Lawyer	
Contributor's employer/law firm		Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS NTY ELECTIONS DEPARTMENT (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable ANOI 2 in and a page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
The instruction during explains now to complete this form.	5
FILER NAME Bramela Lusher	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
1-28-21 6 Contributor address; City; State; Zip 1237 Southudge Ct. #2057	
Contributor's principal occupation 9 Contributor'	
Dakkouch (aw turm)	contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Foll name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
2202 Rosakhausan M. A. D. Fa	Code # 250 arch
Contributor's principal occupation Contributor	7 x 75 23 4 's job title
attorner att	Mari
Contributor's employer/law firm Law firm of	contributor's spouse (if any)
Self	
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Patrick Mc ain	
7. 28. 21 Contributor address; City; Day/State: Zip	Code # 100
Contributor address; City; Dall State: Zip	
Contributor's principal occupation Contributor	
attorney	sirey
Contributor's employer/law firm (au) Office of ratrick Main	contributor's spouse (if any)
If contributovis/a child, law firm of parent(s) (if any)	

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MONETARY POLITICAL CONTRIBUTIONS ELECTIONS DEPARTMENT SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME Pamela Luther	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: 7-5-21 6 Contributor address; City; State; Zip Code 456 San Gabriel Way 75/82	7 Amount of contribution (\$)
8 Contributor's principal occupation Nurse Onesthetist 9 Contributor's job title Nurse	
51B anesthesia Mgmt. 11 Law firm of contributor	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
T-9-21 Contributor address; City; State; Zip Code 3300 Oak Lawn Awe. State; Zip Code Dallas Tx 75219	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	•
Contributor's employer/law firm Law firm of contributor's	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
7-28-21 Full name of contributor Stephanie Sulvanado Contributor address; City; State: Zip Code Full name of contributor Contributor address; City; State: Zip Code Fallas 5750 E, University Blvd. Tx 75206	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor	Spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	UFFDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

DALLAS COUNTY ELECTIONS DEPARTMENT SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
9-2-21 6 Contributor address; City; State; Zip Code 9420 Springwater Tx 75228 8 Contributor's principal occupation 9 Contributor's principal occupation 9 Contributor's principal occupation	# 250
8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contributor's	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC ID#:	Amount of contribution (\$)
9-7-21 Marcus Fellman Contributor address; City; State; Zip Code Palla s TX 4131 N: Central Expury 75 20 4 Contributor's principal occupation Contributor's principal occupation	8250
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:)	Amount of contribution (\$)
Contributor address; City; State: Zip Code	
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor'	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

POLITICAL EXPENDITURES MADE FROM RECEIVED FOR FILING **POLITICAL CONTRIBUTIONS**

DALLAS COUNTY **ELECTIONS DEPARTMENT**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica		xpense Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to		outer (error a category florinoida above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)
4 Date 11-24-21	5 Payee name	33 lo		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$43.25	zazzle, com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	01	10 B	1/22.1	
EXPENDITURE	adultising	Denn 2	utting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-18-21	Oak Cliff Print			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$10.83	716 Gefferson Blud Ballas TX 73	5208		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	0	0		
OF EXPENDITURE	Prenting Expense	Cegres		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-24-21	act Blue			7,
Amount (\$)	Payee address;	City;	State; Zip Code	
# 250	1414 N. Washington St Dallas TX 75204	,		
	Category (See Categories listed at the top of this schedule)	Description	Stone un 00	
PURPOSE OF EXPENDITURE	Contribution	Event -	Stonewall	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8 · 30 · 21	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 32.46	online purchase Etsy. Com		
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE OF EXPENDITURE	advertising	Democrat	7-shirts
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-30-21	Etzy		
Amount (\$)	Payee address;	City;	State; Zip Code
46.43	online purchase	emocralstuff,	com
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	adurtising	emocralstuff, Description Button	w
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8.30-21	Kinko's		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 88.70	3905 Oak Laun 6	Au #110 D	x 75219
	Category (See Categories listed at the top of this sche	edule) Description	_
PURPOSE OF EXPENDITURE	aduertising	2 Jasi	letop syns
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9-27-21	5 Payee name LGBTQ Bay associat	tion	
6 Amount (\$) \$ 35	7 Payee address; 100 N. Central Expressive	city;	Richardson TX 75080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-12-21	Dallas Bar associa	tion	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 45	2101 Ross Ave. Dallas	TX 752	01
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Description Culnt -	ticket in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10-15-21	Lake Highlands Who	ite Rock	Democrats
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cantribution Check if travel outside of Texas. Complete Schedule T.		Ticket in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

RECEIVED FOR FILING DALLAS COUNTY SCHEDULE F1 **ELECTIONS DEPARTMENT**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

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

Travel In District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a categor	y not listed above)
Cledit Cald Fayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 8-26-21	5 Payee name AFL - CLO	1		
6 Amount (\$)	7 Payee address; 1414 N. Washington St.	City; Pallas TX 75	State; 20 4	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Labor Da Ticks	y Break	fast
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	7 1		
7-30-21	Mexican American Ba	r Associ	ation	
Amount (\$)	Payee address;	City;	State;	Zip Code
107.72	N / A			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Exercise Library	Description Gala	Dicket	
	Check if travel outside of Texas. Complete Schedule T.	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
Date 7-28:21	Stonewall / Pride K	Basics		
Amount (\$)	Payee address;	City;	State;	Zip Code
27,99	online			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	aduertising	J-sh	urt	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

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

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8-16-21	5 Payee name Blue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200	1414 N. Washington St. Dallas TX 75204	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Danation	Picnic	Ticket
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-31-21	Cafe Momentum		
Amount (\$)	Payee address;	City;	State; Zip Code
117,12	online order Cafe momentum geods.	org	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Jundausy	Bescription	N. C.
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-31-21	Cafe Momentum)	
Amount (\$) \$ 361,28 \$ 310	Payee address; online order cafemomentumiong	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Dinner	Tickets
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Magasi Contract Labor. Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extens extension and listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Pral Committee Legal Services Sa	rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-13-21	5 Payee name Campayn Partner		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#29	Still River, Massac	CHUSETTS 01	467
8 PURPOSE	(a) Category (See Categories listed at the top of this sche		raising
OF EXPENDITURE	advertising	Ulebsite	(acces)
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-13-21	Campaign Partne	て	
Amount (\$)	Payee address;	City;	State; Zip Code
#29	(aboue)		
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	advertising	Websi	te
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-13-21	Campaign Partn	er	
Amount (\$)	Payee address;	City;	State; Zip Code
# 29	(aboue)		
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	aduertising	Websit	te
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

RECEIVED FOR FILING
DALLAS COUNTYSCHEDULE F1
ELECTIONS DESCRIMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a categor	y not listed above)	
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
4 Date 7-13-21	5 Payee name Compaign Painer				
6 Amount (\$)	7 Payee address; fo Bax 118 Stell River, MASSACHUSE;	City;	State;	Zip Code	
- 1	(a) Category (See Categories listed at the top of this schedule)	(b) Description	6 /		
8 BURDOSE	(a) Category (dee Categories listed at the top of this scriedule)		raising		
PURPOSE OF EXPENDITURE	advertising	Website			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
8-13-21	Cempaign Partner Payee address:				
Amount (\$)	Payee address;	City;	State;	Zip Code	
# 29	(aboue)				
ŕ	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertising	Websit	ē		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
9-13-21	Campaign Partner				
Amount (\$)	Payee address;	City;	State;	Zip Code	
#29	(aboue)				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertising	Websi	te		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wi	ages/Contract Labor	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 12-31-21	5 Payee name Campaign Partner / Stupe	Processer	A	æ
6 Amount (\$) \$ 100,20	7 Payde address; 80 Box 118 Still Ruier, Massachusett	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	4- 1	
PURPOSE	4	0 2	enation	
OF EXPENDITURE	Fundraising Expense	Process	ing tees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7-1-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$19.47	Facebook / Nacker Way, Menlo CA	94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Caduerti Siry	Description FB Pay		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7-30-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 44.98	(abone)			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	aduertising	FB Pay	W	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (arters extension and listed choice)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wi The Instruction Guide explains how to committee	ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7-27-21	5 Payee name Office Max		
6 Amount (\$)	7 Payee address; 2415 N. Hastell Que	City; Dallas	State; Zip Code
\$ 12.98 8	(a) Category (See Categories listed at the top of this schedule)	/ X (b) Description	75204
PURPOSE OF EXPENDITURE	Printing Expense	10.00	upplies
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-8-21	Preston Hellew Den	rocrats	
Amount (\$)	Payee address;	City;	State; Zip Code
\$150	N/M		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Monthl	Sonser y Meeting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7-14-21	Rose Baca		
Amount (\$)	Payee address;	City;	State; Zip Code
4,500	8617 Santa Clara &	dr. Pallas	75218
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising	Social	Media
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
21					
4 Date	5 Payee name				
8 - 2 - 21 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
• Amount (•)	Facebook 1	Oity,	otate,	Zip code	
2.31	Hacker Way, Menlo 1	art CA	94025		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	7 70		
PURPOSE					
OF EXPENDITURE	advisations	FB Pa	e		
EXI ENDITORE	(C) Check if travel outside of Touce Complete School de T)		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living		_
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
8-9-21	Facebook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
# 10	(above)				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				_
	_ , ,				
8-15-21	Facebook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 10	(above)				
	Category (See Categories listed at the top of this schedule)	Description			-
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		
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RECEIVED FOR FILING DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/C

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categor	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
21				
4 Date	5 Payee name			
8-16-21	racebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
#10	Hacebook 1 Way Menlo Park	, CA 94	1025	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	0			
OF EXPENDITURE	advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8-16-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 15	see about			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
Date	Payee name			
8-17-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 15	See about			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

RECEIVED FOR FILING DALLAS COUNTY SCHEDULE F1 **ELECTIONS DEPARTMENT**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

	The Instruction Guide explains how to co	implete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 8 22-21	5 Payee name Facebook			
6 Amount (\$)	7 Payee address; Facebook 1 Nacker Way, Menlo Pa	city;	State; 025	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	adurtising			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8-24-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,47	See aboure			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8.30.21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$35	su about			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEI	EDED	

DALLAS COUNTY SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
21				
8.30.21	5 Payee name Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
132.68	Playee address; Forback / Mark 940	25		
8	(a) Category (See Categories sted at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	***************************************		
9-1-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 8	see abone			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	1			
9-27-21	Jacebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
4-13 54.13	se about			
·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEFARTMENT SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

Credit Card Payment	The Instruction Guide explains how to d	vages/Contract Labor	Other (enter a categor	ry not listed above)
	HER THE BEST AND DESCRIPTION OF THE STATE O	complete this form.	2 51 - 15 (51)	0
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10-1-21	Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 92	Hacker Way Menlo	Park, CA	94025	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ž.	Office held
Date	Payee name			
9-27-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$54.13	see about			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	7-1-1			
10-8-21	Jacobook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 50	see about			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

POLITICAL EXPENDITURES MADE FROMEIVED TOR FILING DALLAS COUNTY ELECTIONS DESCRIMENT

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (onter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	S Commission Filers)
4 Date	5 Payee name			
10-18-21	Facebook			
6 Amount (\$) \$ 1/9 , 23	7 Payee address: Facebook	City;	State;	Zip Code
8	(a) Category (See Categorie listed at the top of this schedule)	(b) Description	7025	
PURPOSE		<u> </u>		
OF EXPENDITURE	advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-25-21	Jacebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 70,30	see abour			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-1-21	Jacebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
157.01	See aboue			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

RECEIVED FOR FILING DALLAS COUNTYSCHEDULE F1
ELECTIONS DEPARTMENT

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	, interior	pense ages/Contract Labor	Travel Out Of District Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 11-24-21	5 Payee name Jachook			
6 Amount (\$)	7 Payee address; Factbook 1 Vacker Wow, Menla Pa	city;	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categori falsted at the top of this schedule)	(b) Description		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-26-21	Jacebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.06	see abour			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-1-21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
155,61	see aboue			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	
Forms provided by Texas Eth	nics Commission www.ethics.state.tx.u	S		Revised 11/4/202

RECEIVED FOR FILING DALLAS COUNTY SCHEDULE F1
ELECTIONS DEPARTMENT

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Candidate/Officeholder/Politica	, , , , , , , , , , , , , , , , , , , ,	ages/Contract Labor	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to co	emplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 10 -26 -21	5 Payee name WIX			
6 Amount (\$)	7 Payee address; WIX. Com 500 Dary A. Francis Blu		San France 941	zip Code cisco, CA 58
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	a due to Surg (c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	site	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-26-21	WIX			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 7,03	see asone			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		-
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12.26.21	WIX			
Amount (\$)	Payee address;	City;	State;	Zip Code
7,03	see asone			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				