

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: 23				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Chad	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
		NICKNAME	LAST Prda		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE	
	3801 Cedar Creek Dr		Garland		TX	75043	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 878-2190	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jami	MI				
	NICKNAME	LAST Prda	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	3801 Cedar Creek Dr		Garland	TX	75043		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 878-2190	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	/01	/2020	THROUGH	10	/03	/2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	/03	/2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Sheriff			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Chad Prda	15 Filer ID (Ethics Commission Filers)
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16 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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Dallas County Council of Republican Women
		COMMITTEE ADDRESS 11617 N Central Expy Ste 240 Dallas TX 75243
		COMMITTEE CAMPAIGN TREASURER NAME Kerry Gaines
		COMMITTEE CAMPAIGN TREASURER ADDRESS 2113 Flat Creek Dr Richardson TX 75080

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 180.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,359.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,832.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,203.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

18 AFFIDAVIT

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

6F-DE54-46D0-918B-55C23
 10/06/20 - 02:53:42

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$10,859.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$500.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$\$0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$17,832.93
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
07/18/2020

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
3972 Davila Ln Dallas TX 75220

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
07/27/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6208 Northwest Court Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/28/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
737 Santiago Dr Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/24/2020

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
905 Hoyt Dr McKinney TX 75071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
07/28/2020

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
2827 Springview Dr Mesquite TX 75181

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
07/27/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
314 Meadowcreek Ln Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/31/2020

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
4465 Twin Post Rd Dallas TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/05/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
709 Longbeach Dr Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
08/06/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
10115 Chesterton Dr Dallas TX 75238

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/06/2020

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

Amount of contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
9405 Inverness Dr Rowlett TX 75088

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/07/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3402 Valley View Ln Garland TX 75043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/15/2020

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1235 Evergreen Dr Richardson TX 75080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
08/15/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Mesquite Republican Women's Club

7 Amount of contribution (\$)
\$1,305.00

6 Contributor address; City; State; Zip Code
PO Box 851464 Mesquite TX 75185

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/17/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
8604 Turtle Creek Blvd. Apt Dallas TX 75205
25505

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/18/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
8824 Bretshire Dr Dallas TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/23/2020

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
2323 Victory Ave Ste 700 Dallas TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
08/25/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
6119 Greenville Ave #623 Dallas TX 75206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/24/2020

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
6108 Glennox Ln Dallas TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
First Ladies Republican Club

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
3304 Ivy Dr Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/01/2020

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
5514 McCommas Blvd Dallas TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
09/07/2020

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

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
3617 Arbor Trail Garland TX 75043

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/13/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1 Gettysburg Ln Richardson TX 75080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/18/2020

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

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
13901 Midway Rd Ste 102 Dallas TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/11/2020

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
2315 Moser Ave #304 Dallas TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
09/13/2020

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
1402 Flintwood Dr Richardson TX 75080

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/15/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
4212 Belclaire Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/17/2020

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
10839 Cinderella Ln Dallas TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/18/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
10832 Pinocchio Dr Dallas TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
09/20/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
10607 Saint Lazare Dr Dallas TX 75229

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/14/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
9016 Maguires Bridge Dr Dallas TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
Irving Republican Women's Club

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
812 Murl Dr Irving TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/20/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
3125 Greenbrier Dr Dallas TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
09/25/2020

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

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
7065 Wakefield Dr Dallas TX 75231

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/29/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
234 Brookwood Dr Duncanville TX 75116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/30/2020

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

Amount of contribution (\$)
\$10.00

Contributor address; City; State; Zip Code
8612 Forest Hills Blvd Dallas TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/30/2020

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
10746 Odair Court Dallas TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
09/25/2020

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
PO Box 2206 Austin TX 78768

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/01/2020

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
13204 Alsatian Court Dallas TX 75253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/01/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7510 Pennridge Cir Rowlett TX 75088

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/02/2020

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

Amount of contribution (\$)
\$199.00

Contributor address; City; State; Zip Code
1337 Sunset Ridge Cir Cedar Hill TX 75104

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Chad Prda		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 09/15/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdsong Electric	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 2914 Industrial Ln Garland TX 75041		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 09/25/2020	5 Payee name Anedot				
6 Amount (\$) \$389.90	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas TX 75201				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/05/2020	Payee name Print Place				
Amount (\$) \$372.81	Payee address; City; State; Zip Code 1130 Ave H E Arlington TX 76011				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/06/2020	Payee name USPS				
Amount (\$) \$220.00	Payee address; City; State; Zip Code 501 E. Oates Dr Garland TX 75043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 07/15/2020	5 Payee name Mesero				
6 Amount (\$) \$59.69	7 Payee address; City; State; Zip Code 5505 Beltline Rd Dallas TX 75254				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FoodBeverageExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/06/2020	Payee name Office Depot				
Amount (\$) \$186.13	Payee address; City; State; Zip Code 950 W. Centerville Rd Garland TX 75043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/06/2020	Payee name Home depot				
Amount (\$) \$55.91	Payee address; City; State; Zip Code 18855 LBJ Frwy Mesquite TX 75150				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 08/11/2020	5 Payee name Build a Sign				
6 Amount (\$) \$2,454.45	7 Payee address; City; State; Zip Code 11525 Stonehollow Dr Austin TX 78758 #100				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/10/2020	Payee name Build a Sign				
Amount (\$) \$1,478.95	Payee address; City; State; Zip Code 11525 Stonehollow Dr Austin TX 78758 #100				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/11/2020	Payee name Bee'rds BBQ				
Amount (\$) \$350.00	Payee address; City; State; Zip Code 2934 Reata Dr Wylie TX 75098				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2020	5 Payee name Lamar Media	
6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code 625 109th St Arlington TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 08/10/2020	Payee name Goody Goody	
Amount (\$) \$67.84	Payee address; City; State; Zip Code 3500 Lakeview Pkwy Rowlett TX 75088 #100	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 08/20/2020	Payee name Kroger	
Amount (\$) \$133.39	Payee address; City; State; Zip Code 532 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2020	5 Payee name Albertsons	
6 Amount (\$) \$42.72	7 Payee address; City; State; Zip Code 5710 Broadway Blvd Garland TX 75043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 08/25/2020	Payee name Office Depot	
Amount (\$) \$27.01	Payee address; City; State; Zip Code 950 W. Centerville Rd Garland TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	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	
Date 09/01/2020	Payee name Lamar Media	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 625 109th St Arlington TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 09/06/2020	5 Payee name Dallas East Sports	
6 Amount (\$) \$47.63	7 Payee address; City; State; Zip Code 10244 Garland Rd Dallas TX 75218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 09/14/2020	Payee name H & S Vinyl	
Amount (\$) \$78.48	Payee address; City; State; Zip Code 3220 GusThomasson Rd. #241 Mesquite TX 75150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	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 _____	
Date 09/18/2020	Payee name Dallas East Sports	
Amount (\$) \$376.17	Payee address; City; State; Zip Code 10244 Garland Rd Dallas TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	5 Payee name Print Place	
6 Amount (\$) \$329.61	7 Payee address; City; State; Zip Code 1130 Ave H E Arlington TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 09/21/2020	Payee name Walmart	
Amount (\$) \$77.26	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 09/25/2020	Payee name Walmart	
Amount (\$) \$63.72	Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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Food/Beverage Expense
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 10/01/2020	5 Payee name H & S Vinyl				
6 Amount (\$) \$23.27	7 Payee address; City; State; Zip Code 3220 GusThomasson Rd. #241 Mesquite TX 75150				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/01/2020	Payee name Build a Sign				
Amount (\$) \$2,565.53	Payee address; City; State; Zip Code 11525 Stonehollow Dr #100 Austin TX 78758				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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