

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Chad	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Prda		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3801 Cedar Creek Dr Garland TX 75043		
<input type="checkbox"/> Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 878-2190		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jami		
	NICKNAME LAST SUFFIX Prda		
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 PHONE NUMBER EXTENSION (214) 878-2190		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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 10 / 04 / 2020 THROUGH 10 / 26 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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)

16 NOTICE FROM POLITICAL COMMITTEE(S)

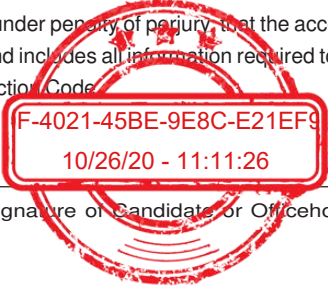
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,560.21
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,998.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 890.22
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.



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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$6,710.21
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$850.00
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	\$\$6,998.08
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:
3

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
10/05/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Bill Underhill

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
9201 Moss Farm Dallas TX 75243

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/05/2020

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
25 Highland Park Village Dallas TX 75205
#100-840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Denise Lyman

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6535 Aberdeen Ave Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jeffrey Varnell

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1601 E. Sandy Lake Rd Coppell TX 75019

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:
3

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
10/08/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Carole Bouton

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
629 San Carlos Dr Garland TX 75043

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
SE Woods

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
4500 Greenville Ave Ste 194 Dallas TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Deborah Wallis

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3200 Summerfield Dr Dallas TX 75082

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4808 Edgewater Dr Rowlett TX 75088

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3

2 FILER NAME
Chad Prda

3 Filer ID (Ethics Commission Filers)

4 Date
10/12/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
JD Pickett

7 Amount of contribution (\$)
\$75.00

6 Contributor address; City; State; Zip Code
7621 Lakecrest Cir Irving TX 75063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/19/2020

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)

Date
10/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Weldon Washburn

Amount of contribution (\$)
\$5,010.21

Contributor address; City; State; Zip Code
4303 Normandy Ave Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Deal

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
7017 Whitehill Dallas TX 75231

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 10/20/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Rodriguez	8 Amount of Contribution \$ \$850.00	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 3003 Candlebrook Dr Wylie TX 75098		<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
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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	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: 5	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2020	5 Payee name Anedot	
6 Amount (\$) \$245.51	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/09/2020	Payee name Rodeo Goat Cypress Waters		
Amount (\$) \$55.74	Payee address; City; State; Zip Code 9610 Wharf Rd Coppell TX 75019		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	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 10/13/2020	Payee name Texas Roadhouse		
Amount (\$) \$35.42	Payee address; City; State; Zip Code 1420 Peachtree Rd Mesquite TX 75149		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 5	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 10/14/2020	5 Payee name Walmart				
6 Amount (\$) \$18.24	7 Payee address; City; State; Zip Code 555 W. Interstate 30 Garland TX 75043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(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 10/20/2020	Payee name Elite News				
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 380071 Duncanville TX 75183				
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		
Date 10/19/2020	Payee name Build a Sign				
Amount (\$) \$1,379.13	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 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: 5	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2020	5 Payee name Print Place	
6 Amount (\$) \$267.07	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 10/23/2020	Payee name Lamar Media	
Amount (\$) \$1,800.00	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
	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 10/26/2020	Payee name GOC INC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3003 Candlebrook Dr Wylie TX 75098	
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
	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>	

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: 5	2 FILER NAME Chad Prda	3 Filer ID (Ethics Commission Filers)			
4 Date 10/23/2020	5 Payee name Build a Sign				
6 Amount (\$) \$1,108.23	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 style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; 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:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; 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:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED