# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	Ms FIRST  Ms Shona	мі 	OFFICE USE ONLY
NAME	Ms. Snona NICKNAME LAST		Date Received
	Huffman		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 10324 Fire Ridge, Frisco TX 75	SITY; STATE; ZIP CODE	MAR 2 7 2019  CITY SECRETARY'S OFFICE
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	C3:40pm Jol
OFFICEHOLDER PHONE	( <sub>469</sub> ) 789-6860		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr Kurt		Date Processed
- =	North		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1189 Timber Lane Frisco TX 7		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 972 ) 724-6373	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	1 / 1 / 2019	THROUGH 3	<sup>25</sup> 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Normary  5 4 2019 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	Frisco City Council Place 2		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
Shona Huffman				
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.			
14 140-	COMMITTEE TYPE	COMMITTEE NAME		
All and a second	GENERAL			
Σ.,	SPECIFIC	COMMITTEE ADDRESS		
नास्त्रः । १५६३ हस्				
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages	-			
Additional Pages		COMMITTEE CAMPAIGN TREACURED ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		•		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$	
	10.01 -01.0	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,220.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 4587.50			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 YY OF THE REPORTING PERIOD	THE \$29,744.00	
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.				
ROSALIND L. RIGHETTI  My Notary ID # 188415  Expires July 13, 2021  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP SEAL ABOVE				
Sworn to and subscribed before me, by the said				
Boalind Dheri Rosalind & Rihetti Dosany				
Signature of officer administering bath Printed name of officer administering bath Title of officer administering oath				

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer I	D (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$27,220.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	DNS \$4587. <b>5</b> 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	ITIONS \$
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	S OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACE Rex Shevese Glendenr		7 Amount of contribution (\$)
710/19	Rex Sherese Glendenr 6 Contributor address; City; State 12400 Preston Frisco To	; zipode X 75033	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
710/19	Matt + Francesca Kir Contributor address; City; State	; Zip Code	500.00
	pation / Job title (See Instructions)	Employer (See Instruction	-
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
110/19	Brian Geneva Polster  contributor address; City; State  7427 Angelica Ln. Frisc	Zip Code 0 TV 75033	200.00
	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor  Kathi a Tim Scacherer  Contributor address;  City; State	(ID#:)	Amount of contribution (\$)
1/10/19	Contributor address; City; State 4544 Biltmoore 77		1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

	y		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
1/10/19	David Anderson  6 Contributor address; City; State 2614 Creek Dr. Friso	e; Zip Code	1000.00
	2614 Creek Dr. Frisa	0 TX 75033	)
	pation / Job title (See Instructions)	9 Employer (See Instructi	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1/10/19	Cal 9 Pam Bostwick Contributor address; City; State 3279 Birchridge Fris	e; Zip Code	500.00
	3279 Birchriage Fris	SCO JV 1203	)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
1/10/19	Melissad Kevin Smith contributor address; city; State 5249 Oakhwtst Fris	7) ; Zip Code 5CO TV 75033	200,00
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PACE	C (ID#:)	Amount of contribution (\$)
110/19		s CO TX 75034	+ 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
110/19	TREPAC 6 Contributor address; City; State; Zip Code PO BOX 2246, Austin TX 78768	500.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/2/19	Will Sowell  Contributor address; City; State; Zip Code  13407 Lyndhurst, Frisco TX 75035	250.00
	pation / Job title (See Instructions)  Employer (See Instruct	
Date	Full name of contributor	Amount of contribution (\$)
1/2/19	Uanice Huffman  Contributor address; City; State; Zip Code  10955 E. 76th St.S. Tulsa OK 7413	200. <u>00</u>
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
1/10/19	Contributor address; City; State; Zip Code  9453 Iron wood Frisco TX 75033	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pades Schedule A1:
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III MIKE BOYDEY 6 Contributor address; City; State; 7608 Regent Frisco T	Zip Code X 75034	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (1)  Tim & Carrie Bowne	-	Amount of contribution (\$)
110/19	Tim & Carrie Bourne  Contributor address; City; State;  2954 Reynolds, Frisco	zip Code TX 75033	1070.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ons)	
Date		D#:)	Amount of contribution (\$)
1/10/19	Robert Cox  Contributor address; City; State;  7112 Silver brook, Frisc	zip Code O TX 75034	150.00
	pation / Job title (See Instructions)	Employer (See Instruction	
Date	Full name of contributor Out-of-state PAC (I	D#:)	Amount of contribution (\$)
1/10/19	Rene Archambault  Contributor address; City; State;  11542 LaCantera, Frisa	Zip Code  0 TX 75034	150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shona Huffman 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: 100,00 14937 Begonia Frisco TX 75035 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Chris d Ashlee Kleinert Contributor address; City; State; Zip Code 5909 Steuben Ct. Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions)

out-of-state PAC (ID#:

Amount of contribution (\$)

Date

Debbie Pasha

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)	
4 Date // 10/19	Milliam & Minai Vander communica		7 Amount of contribution (\$) 500.00	
.8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date 1/14/19	Full name of contributor out-of-state PAC  Lynette fuldeche  Contributor address; City; State  5401 Patton Ruye Fr	; Zip Code SLO TX 75035	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date 1/15/19	Full name of contributor out-of-state PAC Whitney Ground Contributor address; City; State 1633 Mess Dallas T.		Amount of contribution (\$)	
	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor  PACE  Sure PACE  Contributor address;  City; State	COLO	Amount of contribution (\$)	
1/15/19	Contributor address; City; State		750.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	

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

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/19	5 Full name of contributor out-of-state PAC (ID#:)  OFF & Pam Brawner  6 Contributor address; City; State; Zip Code  4364 San Carlos, Dallas TX 7520	7 Amount of contribution (\$)
	pation / Job title (See Instructions)  9 Employer (See Instru	
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
1/14/19	Dick Plasley Contributor address; City; State; Zip Code 7094 Pay Hill Frisco TX 75036	50.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
	Full name of contributor out-of-state PAC (ID#:)  Fehruit Elizabeth Karahan  Contributor address; City; State; Zip Code  5905 Legacy Dr. Pland Ti 75024  Dation / Job title (See Instructions) Employer (See Instru	
Date 1/16/19	Full name of contributor out-of-state PAC (ID#:)  Karen Currengham  Contributor address; City; State; Zip Code  13309 Due Senberg Friso TX 750	Amount of contribution (\$)  250,00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME	Shona Huffman		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Buddy Minett 6 Contributor address; City; State; 8548 Scott Dr. Frisco	Zip Code 77 75034	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
1/16/19	Angie Svitak  Contributor address; City; State  3257 Cumberland Fris	: Zip Code	50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date 1/23/19	Full name of contributor out-of-state PAC  Jrey Sibley  Contributor address; City; State;  4851 435 Swife 210, Da		Amount of contribution (\$)  500.00
	pation / Job title (See Instructions)	Employer (See Instructi	
Date // 6/19	Full name of contributor out-of-state PAC  Gay Woody Katrun  Contributor address; City; State  1242 Himber Ln. Frisk	ev Watland; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schodule A1:
2 FILER NAME Shona Huffman	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
1/21/19 Prittany Colberg Contributor address; City; State; Zip Code 1058 Helen Frisco 75035	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions) ,
Date Full name of contributor out-of-state PAC (ID#:)  MiChael & Hvette Rha	Amount of contribution (\$)
72719 Michael & Yvette Rhea contributor address; City; State; Zip Code 3360 PSURKWOOD Frisco 75034	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID#:)	Amount of contribution (\$)
1/24/19 Megan Nguyen-Irink Contributor address; City; State; Zip Code 12055 Kingsville Frisco TX 75035	250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)	
4 Date 1/28/19	5 Full name of contributor out-of-state PAC (ID#:)  RUSSUL Laughlun  6 Contributor address; City; State; Zip Code  3217 FOX HOLLOW F4. WOVH TX 7610	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)  BOYDOW FORMULE FOR SOLUTION OF STATE PAC (ID#:)	Amount of contribution (\$)	
/30/19	Barbara Fasola Contributor address; City; State; Zip Code 5046 Oak Knall Priscotx 75034	1000.00	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)	
	Full name of contributor out-of-state PAC (ID#:)  Will Shaddock  Contributor address; City; State; Zip Code  5216 Corinthian Bay Plano TX 1509  District Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  2500.00  3  tions)	
Date 2/1/19	Full name of contributor out-of-state PAC (ID#:)  GOU & Gulve Young  Contributor address; City; State; Zip Code  6202 Cranston Fredericksburg VA	Amount of contribution $(\$)$ $200.00$ $32407$	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME Shona Huffman 7 Amount of contribution (\$) 250.00 out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_\_) Alan Gane Mesches Contributor address; City; State; Zip Code 9313 Penton Place Frisco TX 75035 Date Amount of contribution (\$) Principal occupation / Job title (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.

### SCHEDULE A1

		,	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
41/19	Off Heather Gerhardt 6 contributor address; City; State; Zip Code 15414 Jellwood, Friscotx 75035	100.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
2/1/19	Contributor address; City; State; Zip Code	100.00	
	16106 Buffalo Grass Frisco TX 750	33	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
2/1/10	LiSa Briduell  Contributor address; City; State; Zip Code		
7719	5985 Willoughby Frisco TX 750	33 500.00	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)	
2/1/10	Shanna Klaveny  Contributor address; City; State; Zip Code	500.00	
11/1-1	6053 Connely, Frisco 75034		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)	
·			
		•	
*			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME Shona Huffman 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_) KriSh Sawlr 6 Contributor address; City; State; Zip Code 22 Fireherry C+. Frisco TX 75033 7 Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

8310 Dianthus Stad Bolerne TX

Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schredule A1:			
2 FILER NAME	Shona Huffman	3 Filer ID (Ethics Commission Filers)			
4 Date 2/10/19	5 Full name of contributor out-of-state PAC (ID#:  Dan a Cheny 6 Contributor address; City; State; Zip Code  1 377 Dep Carryon Frisco  pation / Job title (See Instructions)	7 Amount of contribution (\$) 75033			
8 Principal occup	pation / Job title (See Instructions)  9 Employer	(See Instructions)			
Date 2/10/19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)			
I		(See Instructions)			
Date 2/15/19	Full name of contributor out-of-state PAC (ID#:				
		(See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
4/15/19	11808 Gallion Hisco TX 750	035			
Principal occup	eation / Job title (See Instructions) Employer	(See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME Shona Huffman 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Sim Chru Newman Contributor address; City; State; Zip Code 12522 Wineland Ct. Frisco TX 757 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
Shona Huffman  Shona Huffman					
5 Full name of contributor out-of-state PAC (ID#:					
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:  Craig Maddle Kathryn Hall  Contributor address; City: State; Zip Code  2500.00  1801 Grayford Swife 100, Frisu TX 75034					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date  Full name of contributor  out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address;  City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date  Full name of contributor  out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address;  City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME Shona Huffman		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200.00			
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description  2000 UCHT  Check if travel outside of Texas. Complete Schedule T.  er (FOR NON-JUDICIAL) (See Instructions)		
			,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm		15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	de	Amount of . In-kind contribution Contribution \$ . description		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law		Law firn	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		,		
ATTAQUARRITIONAL CORIEG CE TURC COLUERUM E ACAMETER					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Opnations 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/Wades/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)				
,	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	Shona Huffman	3 Filer ID (Ethics Commission Filers)				
4 Date / / / 0	5 Payee name Punchbowl					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
23.88	50 Speen St #202 300	mingham MA 01701				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	advertising Expense	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/O	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
31/3/19	El Dorado All Storag					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
123.00	123.00 6707 El Dorado Frisco TX 75033					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Rental Expense	Description 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 H	Office sought Office held				
Date	Payee name					
3/8/10	Chice Huffman					
Amount (\$)	Payee address; City; State; Zip Code					
100.00	10324 Fire Ridge Fr	1860 TX 75033				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Paralcant Inlan	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Contract Labor	Check if Austin, TX, officeholder living expense				
	(degns)					
Complete ONLY if direct · Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

#### **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

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MMA 5858 Journ & Country #702 FriscoTX 75034 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Printing Expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Way, Mento Park, CA 94025 25.01 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** duerising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Frisco TX 75033 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Rental Expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

### **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/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	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILERNAME Shona Huffman	3	Filer ID (Ethics Commission Filers)			
4 Date 2/1/19	5 Payee name Anedot					
6 Amount (\$) 206.02	7 Payee address; City; State; Zip Code 1920 McKinney We	,. 7th floor	Dallas TX 7520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  FEES (Gan. Online)	top of this schedule)  (b) Description  Check if travel outside of Texas. Complete S				
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
3/1/19	Anedot					
Amount (\$)	Payee address; City; State; Zip Code					
117.41	1920 mcKinney ave. 7	th floor C	Pallas TX 75201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FEES (Feb. trulline)		e of Texas. Complete Schedule T. K, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/1/19	Fred Lusk					
Amount (\$)	Payee address; City; State; Zip Code	2				
493.32	9912 mallory Dr. Fri	sco TX 7	5035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor (Signs)		e of Texas. Complete Schedule T. K, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Herin, Unit 6A Jeronto, ON M6K311 139.04 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name ay, Menlo Park, CA 94025 25,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) 07 El Dorado Frisco TX 75033 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Rental Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By 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: 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) rst, Frisco TX 75035 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) ountry #702 Grisco TX 75034 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 6 Amount (\$) Tidge Frisco TX 75033 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH ustom Made Golf Events 346 Route 59 airmont NY Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date State; Zip Code in W. Elliott Frisco TX 75034 1177.50 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

### **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/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	•	egal Services	Printing Expense Salaries/Wages/0	Contract Labor	Travel Out Of Distr Other (enter a cate	rict gory not listed above)
		The Instruction Guide explains	s now to comple	ete this form.		
1 Total pages Schedule F1:	100	la Huffman			3 Filer ID (Ethi	cs Commission Filers)
4 Date 3/19/19	5 Payee nam	dot				
6 Amount (\$)	7 Payee add	ess; City; State; Zi	p Code			
18.15	1920	McKinney	7th fl	oor	Dallas	TX 75201
8	(a) Category (	See Categories listed at the top of this so	chedule) (b)	Description		·
PURPOSE				Check if trav	el outside of Texas. Complete	Schedule T.
OF EXPENDITURE	Fees-	online		Check if A	ustin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name	(	Office sought		Office held
Date	Payee nam	Δ				
3/19/19	Josh	Sowell				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
105.00	13407	Lyndhurst		) TX	75035	
	Category (	See Categories listed at the top of this so	hedule)	Description		
PURPOSE				Check if trave	el outside of Texas. Complete	Schedule T.
OF	1-20-60	at labore			stin, TX, officeholder living	
EXPENDITURE	Wroma	ct Labor		Oneck ii Au	still, TX, officeriolder living	g expense
		(SMS				
	$\mathcal{D}$	010				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name	(	Office sought		Office held
Date	Payee nam	ie				
	,					
Amount (\$)	Payee add	ress; City; State; Zip	o Code			
	-					
,	Category (	See Categories listed at the top of this so	hedule)	Description		
PURPOSE				Check if trave	el outside of Texas. Complete	Schedule T.
OF				Check if Au	stin, TX, officeholder living	a expense
EXPENDITURE		3.			, , , , , , , , , , , , , , , , , , , ,	
0	Candidat	/ Officeholder name		Office court		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						