

# 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: <span style="font-size: 1.5em; color: blue;">14</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.2em;">MR.</span> FIRST <span style="font-size: 1.2em;">Thomas</span> MI <span style="font-size: 1.2em;">A</span>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>RECEIVED</b>   <b>JAN 14 2020</b>  <span style="color: blue;">@ 11:30am</span> <span style="color: blue;">js</span>  <b>CITY SECRETARY'S OFFICE</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">                 Receipt #      Amount \$             </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>
	NICKNAME <span style="font-size: 1.2em;">"Dan"</span> LAST <span style="font-size: 1.2em;">Stricklin</span> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.2em;">856 Crystal Lake Dr. Frisco, TX 75036</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em;">(912) 951-4239</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="font-size: 1.2em;">Mona</span> FIRST <span style="font-size: 1.2em;">Mona</span> MI <span style="font-size: 1.2em;">A</span>		
	NICKNAME <span style="font-size: 1.2em;">Sanagajan</span> LAST <span style="font-size: 1.2em;">Sanagajan</span> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.2em;">6869 Shadow Glen Dr. Frisco, TX 75035</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em;">(912) 960-3404</span>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>                         Month Day Year  <span style="font-size: 1.5em;">7 / 1 / 19</span> </div> <div>THROUGH</div> <div>                         Month Day Year  <span style="font-size: 1.5em;">12 / 31 / 19</span> </div> </div>		
11 ELECTION	ELECTION DATE		
	<div style="display: flex; justify-content: space-between;"> <div>                         Month Day Year  <span style="font-size: 1.5em;">5 / 2 / 2020</span> </div> <div>                         ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special                     </div> </div>		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)  <span style="font-size: 1.2em;">Frisco City Council Place 5</span>

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# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Don Stricklin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4300</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1500</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1500</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4771<sup>25</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Dan Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

12-31-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Milholland

7 Amount of contribution (\$)

270<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

6050 Chamberlyne Frisco TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-6-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dan + Bobbie Stricklin

Amount of contribution (\$)

350<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2108 Broken Arrow Dr Aubrey TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brian Grady

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

314 Lakeshore Dr Seabrook, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John + Susan Stroud

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

1045 Clearwater Dr Frisco TX 75034

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:

6

2 FILER NAME

Don Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

11-4-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Keith and Yvonne Collins

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

9920 Dixon Ct Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-6-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ADA McMahon

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

9921 Miller Place Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sunil Chavara

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

874 Crystal Lake Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-12-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Krishnansu Kuparaju

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

679 Canyon Frisco, TX

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: 2

2 FILER NAME

Don Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

12-31-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mia Chase

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

681 Deerwood Lane Frisco TX 75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jared Patterson

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

4412 Sapphire Dr Frisco 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

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: <u>6</u>
2 FILER NAME <u>Dan Strickland</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10-28-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nicholas Hancock</u>	7 Amount of contribution (\$) <u>\$ 30<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>5622 Kildeheaven Dr Frisco, TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10-13-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Hadley</u>	Amount of contribution (\$) <u>\$ 50<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>2304 W 11th St Pharr, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12-31-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle Nugera</u>	Amount of contribution (\$) <u>\$ 20<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>10129 Napa Valley Dr Frisco TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11-15-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason + Melinda Denton</u>	Amount of contribution (\$) <u>\$ 400<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>2332 Hayce Dr Frisco, TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 1

2 FILER NAME

Don Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

12-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vijay S Anne

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

997 Stampede Dr. Frisco TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-7-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charlie Shoen

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

833 Cipriani Dr. Frisco TX 75076

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-3-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark Renfro

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

3 Meridian Ct. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-29-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lopel Sriarasean

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

10661 Smart Jones St. Frisco, TX

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: 1

2 FILER NAME

Dan Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

10-21-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mason Margis

7 Amount of contribution (\$)

\$200<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

1119 E. Russell Ave Carrollton, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-6-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Douglas + Michael Erwin

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

5575 La Jolla Dr Frisco, TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jac + Heather Robinson

Amount of contribution (\$)

\$150<sup>00</sup>

Contributor address;

City;

State;

Zip Code

13375 Spirit Falls Dr Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Matt + Tina Clark

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

11475 Beeville Lane Frisco TX

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: <u>1</u>	
2 FILER NAME <u>Don Strickling</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>12-5-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Nicholas Hancock</u>	8 Amount of Contribution \$ <u>\$1,500</u>	9 In-kind contribution description <u>Event Catering Food</u>
7 Contributor address; City; State; Zip Code <u>5622 Kirkham Dr Frisco, TX 75036</u>		<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) <u>Phillips Seafood</u>	
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  
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:	2 FILER NAME <i>Don Strickland</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-2-19</i>	5 Payee name <i>Hobby Lobby</i>	
6 Amount (\$) <i>\$158.68</i>	7 Payee address; <i>5288 Pantan Road</i>	City; State; Zip Code <i>Frisco TX 75034</i>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	(b) Description <i>Campaign Event plates, napkins, decorations</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>12-5-19</i>	Payee name <i>Market Street</i>		
Amount (\$) <i>\$223.88</i>	Payee address; <i>4268 Legacy Dr</i>	City; State; Zip Code <i>Frisco TX 75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Food + Beverage</i>	
	<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 <i>12-14-19</i>	Payee name <i>Cone's</i>		
Amount (\$) <i>\$67.01</i>	Payee address; <i>5688 FM 423</i>	City; State; Zip Code <i>Frisco TX 75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food + Beverage Expense</i>	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:		2 FILER NAME <i>Dan Strickland</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-17-19</i>		5 Payee name <i>Vista print</i>			
6 Amount (\$) <i>\$300.00</i>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		(b) Description <i>Business cards</i>		
	<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					
Date <i>11-25-19</i>		Payee name <i>Vista print</i>			
Amount (\$) <i>\$238.14</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		Description <i>Hand Signs + Business cards</i>		
	<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					
Date <i>12-9-19</i>		Payee name <i>Vista print</i>			
Amount (\$) <i>\$24.42</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		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					
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:		2 FILER NAME <i>Don Smith</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-23-19</i>		5 Payee name <i>Vistaprint</i>			
6 Amount (\$) <i>\$185.54</i>		7 Payee address;		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		(b) Description <i>Push cards</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>10-26-19</i> <i>TO</i> <i>12-31-19</i>		Payee name <i>Volunteer Block Walkers</i>			
Amount (\$) <i>\$3403.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Courassing Expense</i>		
	<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 <i>11/25</i>		Payee name <i>11/24 Signs on the Camp</i>			
Amount (\$) <i>270.61</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>		Description <i>Varid Signs</i>		
	<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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Don Stricklin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1,500

5 Date of loan

10-15-19

7 Name of lender

Don Stricklin

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$ 1,500

6 Is lender a financial Institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

886 Crystal Lake Dr Frisco TX 75036

10 Interest rate

0

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

RSM -

13 Employer (See Instructions)

NMC

14 Description of Collateral

☒ none

15

☒

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

☐

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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