

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. Thomas D
"Dan" Stricklin

OFFICE USE ONLY

Date Received

RECEIVED

JUL 14 2020

3:11:10am jd
CITY SECRETARY'S OFFICE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

856 Crystal Lake Dr.
Frisco, TX 75034

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 951-4239

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. Vijay Shekar
Anne

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

997 Stampede Dr. Frisco TX 75036

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 822-1736

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 2020

THROUGH

Month

Day

Year

6 / 30 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 2020

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Frisco City Council - Place 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Thomas Daniel Stricklin 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.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Frisco Fire Fighters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>McKinney, TX 75071</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Jeffrey Smith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>Same as above</u>

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>18,687.72</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,252.46</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>182.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

TL
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Daniel Stricklin, this the 13th day of July, 2020, to certify which, witness my hand and seal of office.

Sean Ryan Sean Ryan Notary Public
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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,435 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,252 ²²
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,252 ⁴⁶
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:

1/1

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

6-29-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lopal Srinivasan

7 Amount of contribution (\$)

\$300 ⁰⁰

6 Contributor address;

City;

State;

Zip Code

10661 Smartx Jones Frisco TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-1-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jared Patterson

Amount of contribution (\$)

\$1,000 ⁰⁰

Contributor address;

City;

State;

Zip Code

4412 Sapphire Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Krishna Laxmipati

Amount of contribution (\$)

\$300 ⁰⁰

Contributor address;

City;

State;

Zip Code

7986 Eddie Dr. Plano TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-14-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mia Chase

Amount of contribution (\$)

\$100 ⁰⁰

Contributor address;

City;

State;

Zip Code

681 Deerwood Lane 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:

2/7

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Brian Livingston

7 Amount of contribution (\$)

\$1,700 ce

6 Contributor address;

City;

State;

Zip Code

9520 Alberta Ct. Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Date

2-1-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Muhammad Wasay

Amount of contribution (\$)

\$300 ce

Contributor address;

City;

State;

Zip Code

1207 Silent Brook Ct Frisco TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Krishna Kumaraswamy

Amount of contribution (\$)

\$1,000 ce

Contributor address;

City;

State;

Zip Code

8201 Town Main Dr Plano TX
75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Venkata Repodippu

Amount of contribution (\$)

\$1,000 ce

Contributor address;

City;

State;

Zip Code

8479 Kora Creek 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:

3/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

1-24-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vidya Inaganti

7 Amount of contribution (\$)

\$1250.00

6 Contributor address;

City;

State;

Zip Code

10913 Patton Dr McKinney, TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ram Reddy Basso

Amount of contribution (\$)

\$1200.00

Contributor address;

City;

State;

Zip Code

8107 Kara Creek Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dr. Michael Olatunji

Amount of contribution (\$)

\$1250.00

Contributor address;

City;

State;

Zip Code

12031 Ashaway Lane Frisco TX 75035

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Date

2-25-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chad Visser

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

15501 Custer Trail Frisco TX 75035

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: 4/7
2 FILER NAME Thomas Strickland		3 Filer ID (Ethics Commission Filers)
4 Date 4-18-2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Youngblood	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 881 Crystal Lake Frisco TX 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-3-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Stammerich	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 11187 Silverhorn Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-6-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Borden	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5000 Eldorado Pkwy Ste. 150 Frisco TX 75033		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 2-7-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Weiss	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11170 Corsicana Dr. Frisco TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/7

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

William C. Bendren

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

City;

State;

Zip Code

8 Wimbledon Ct. Frisco TX
75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-8-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Raj Veeramachaneni

Amount of contribution (\$)

\$ 550.00

Contributor address;

City;

State;

Zip Code

751 Thorntonsburg Ave Frisco TX
75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nanda Kuchanla

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State;

Zip Code

15283 Morningstar Frisco TX
75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amar Anne

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

931 Red bird Lane Allen TX 75013

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: 6/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

1-9-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frisco Fire Fighters PAC

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City;

State;

Zip Code

7421 San Jacinto Dr McKinney, TX 75071

8 Principal occupation / Job title (See Instructions)

9 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)

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: 1/1

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

6-18-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patrick Warmhoff

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address;

City;

State;

Zip Code

1136 Churchill Dr Frisco TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-21-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sherrie Thoman

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

8796 Bullrush Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chandrasekhar Mathukuri

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

1153 Fossil Lake Dr. Frisco TX
75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gobinatharun Arayana

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

8900 Independence
Pkwy Apt. 19209 Plano TX 75025

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

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

0

5 Date

1-18-2020

6 Full name of contributor ☐ out-of-state PAC (ID#:

Frisco Firefighters PAC

7 Contributor address; City; State; Zip Code

7421 San Jacinto McAllen, TX 75071

8 Amount of Contribution \$

\$3252.22

9 In-kind contribution description

Printing Labor

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Firefighter PAC

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 ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ 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: <u>1/1</u>		2 FILER NAME <u>Thomas Stricklin</u>		3 Filer ID (Ethics Commission Filers) <u>1/1</u>	
4 Date <u>1-1-2020 to 6/30/2020</u>		5 Payee name <u>E Canva LLC</u>			
6 Amount (\$) <u>\$1894.00</u>		7 Payee address; City; State; Zip Code <u>Unit 6A S. Hwy Business Park Coate, Ireland</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other / Software</u>		(b) Description <u>Software</u>		
	(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 <u>1-2-2020</u>		Payee name <u>First Graphics Services</u>			
Amount (\$) <u>\$1,109.56</u>		Payee address; City; State; Zip Code <u>229 Garvan St Garland, TX 75040</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>4x4 Signs</u>		
	<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 <u>to 6:30.2020</u> <u>1-8-2020</u>		Payee name <u>Signs on the Cheap</u>			
Amount (\$) <u>\$2.290</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Hand Signs</u>		
	<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: 2/7		2 FILER NAME Thomas Strickland		3 Filer ID (Ethics Commission Filers) 2/7	
4 Date 1.1.20 to 6.30.20		5 Payee name Vistaprint			
6 Amount (\$) 999.25		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Postcards, T-Shirts		
	(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 1-1-2020 to 6-30-2020		Payee name Contract Labor			
Amount (\$) \$19,151.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Caucusing		
	<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 1-13-20		Payee name Corbys Club			
Amount (\$) \$82.80		Payee address; City; State; Zip Code Five Corbys Way #200 Frisco TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		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: 3/7		2 FILER NAME Thomas Stricklin		3 Filer ID (Ethics Commission Filers) 3/7	
4 Date 2-8-2020		5 Payee name Tom Thumb			
6 Amount (\$) \$131.50		7 Payee address: 5550 Fm 423		City; Frisco TX	State; Zip Code 75034
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description		
	(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 3-12-20		Payee name Home Depot			
Amount (\$) \$22.62		Payee address: 5995 El Dorado Pkwy		City; Frisco TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Metal Stakes		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 1-11-2020		Payee name Carie's			
Amount (\$) \$49.92		Payee address: 5688 Fm 423		City; Frisco TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		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	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: 4/7	2 FILER NAME Thomas Strickland	3 Filer ID (Ethics Commission Filers) 4/7
4 Date 1-4-2020	5 Payee name Tom Thumb	
6 Amount (\$) \$2462	7 Payee address; City; State; Zip Code 5550 FM 423 Frisco TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description
	(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 1-18-2020	Payee name Tom Thumb	
Amount (\$) \$2422	Payee address; City; State; Zip Code 5550 FM 423 Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	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 6-11-2020	Payee name Lowie's	
Amount (\$) \$1793	Payee address; City; State; Zip Code 2173 E. Eldorado Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other / Sign Backers	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: <u>5/7</u>		2 FILER NAME <u>Thomas Strickland</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-27-2020</u>		5 Payee name <u>The Cowboys Club</u>			
6 Amount (\$) <u>\$170.52</u>		7 Payee address; City; State; Zip Code <u>Five Cowboys Club #200 Frisco TX 75034</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description		
	(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 <u>6-20-2020</u>		Payee name <u>Celebrity Bakery</u>			
Amount (\$) <u>\$55.25</u>		Payee address; City; State; Zip Code <u>3520 Preston Rd Frisco TX</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		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 <u>6-6-2020</u>		Payee name <u>Cane's</u>			
Amount (\$) <u>\$49.02</u>		Payee address; City; State; Zip Code <u>5688 Fur 423 Frisco TX</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food / Beverage</u>		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: <u>6/7</u>		2 FILER NAME <u>Thomas Strickland</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-1-2020</u>		5 Payee name <u>Canes</u>			
6 Amount (\$) <u>\$100.00</u>		7 Payee address; City; State; Zip Code <u>5688 FM 423 Frisco TX</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>		(b) Description		
	(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 <u>1-18-2020</u>		Payee name <u>Papa Johns</u>			
Amount (\$) <u>\$35.00</u>		Payee address; City; State; Zip Code <u># 1067</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>		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 <u>2-14-2020</u>		Payee name <u>Perry's</u>			
Amount (\$) <u>\$124.49</u>		Payee address; City; State; Zip Code <u>2440 Parkwood Blvd Frisco TX 75034</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>		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: 7/7	2 FILER NAME Thomas J. Strickland	3 Filer ID (Ethics Commission Filers)
4 Date 2-8-2020	5 Payee name Bureau	
6 Amount (\$) \$22.29	7 Payee address; City; State; Zip Code 2680 W. Main St Frisco TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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