

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Thomas</u> MI <u>D</u> NICKNAME <u>Dan</u> LAST <u>Stricklin</u> SUFFIX _____		<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>OCT 05 2020</b> <b>10:43 A.M. A.C.</b> CITY SECRETARY'S OFFICE  Date Hand-delivered or Date Postmarked  Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>856 Crystal Lake Dr.</u> <u>Frisco, TX 75036</u>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 951-4239</u>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Vijay</u> MI <u>Shekar</u> NICKNAME <u>Anne</u> LAST _____ SUFFIX _____		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>997 Stompede Dr. Frisco TX 75036</u>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 822-1736</u>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    Month Day Year <u>7 / 1 / 2020</u> THROUGH <u>9 / 22 / 2020</u>		
<b>11</b> ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>11 / 3 / 2020</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <u>Frisco City Council</u> <u>Place 5</u>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <u>Dan Stricklin</u>	15 Filer ID (Ethics Commission Filers)
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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 Association</u>
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		<u>8601 Gary Burns Dr. Frisco, TX</u>
	COMMITTEE CAMPAIGN TREASURER NAME	
	<u>Jeff Smith</u>	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	<u>7471 San Jacinto, McKinney TX</u>	

☐ Additional Pages

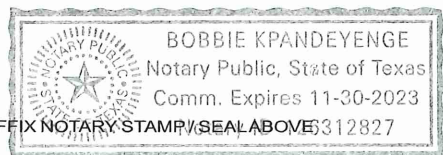
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,258</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,431</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</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.

KL2

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Thomas Stricklin, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Bobbie Kpandeyenge  
Signature of officer administering oath

Bobbie Kpandeyenge  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***Dan Stricklin***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>11,535</i>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4,723</i>
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	\$ <i>13,431</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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,876</i>
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:

2 FILER NAME

*Dan Strickland*

3 Filer ID (Ethics Commission Filers)

4 Date

*9-6-2020*

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Chakradhara Sarakhi*

7 Amount of contribution (\$)

*\$ 25.00*

6 Contributor address;

City;

State;

Zip Code

*3241 Cedar Creek Frisco TX*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9-7-2020*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Jane Sellers*

Amount of contribution (\$)

*\$ 25.00*

Contributor address;

City;

State;

Zip Code

*3253 Castaway Lane Frisco, TX*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9-7-2020*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Lakshmi Gogineni*

Amount of contribution (\$)

*\$ 10.00*

Contributor address;

City;

State;

Zip Code

*7797 Edelweiss Tr Frisco, TX*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9-7-2020*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Ramesh Bhanu*

Amount of contribution (\$)

*\$ 10.00*

Contributor address;

City;

State;

Zip Code

*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 FILER NAME <i>Dan Stracklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-20-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wayne Marchese</i> 6 Contributor address; City; State; Zip Code <i>1484 Bent Tree Frisco, TX</i>	7 Amount of contribution (\$) <i>\$50<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-22-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Adams</i> Contributor address; City; State; Zip Code <i>9 Shadow Ridge Frisco, TX</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-22-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Muni Tanajara jar</i> Contributor address; City; State; Zip Code <i>6869 Shadow Glen Frisco, TX</i>	Amount of contribution (\$) <i>\$235<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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:

2 FILER NAME

Daan Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

9-8-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dilip Devabhaktuni

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

City;

State;

Zip Code

1433 Hazel Green Dr Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-9-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Treva Eugene

Amount of contribution (\$)

\$5.00

Contributor address;

City;

State;

Zip Code

7611 Casson Dr Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Paul Sukhe

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Muni Janagarajan

Amount of contribution (\$)

\$142.50

Contributor address;

City;

State;

Zip Code

6869 Shadow Glen 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 FILER NAME <i>Don Sordela</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-6-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Saindasa Monra</i> 6 Contributor address; City; State; Zip Code <i>6217 Claridge Ln Frisco, TX</i>	7 Amount of contribution (\$) <i>\$20.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-6-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jayanthi Sarakuti</i> Contributor address; City; State; Zip Code <i>Frisco, TX</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-17-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Livingston</i> Contributor address; City; State; Zip Code <i>9520 Alberta Ct Frisco, TX</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-6-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hari Kallam</i> Contributor address; City; State; Zip Code <i>Frisco TX</i>	Amount of contribution (\$) <i>\$10.00</i>
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:
2 FILER NAME <i>Dan Strickland</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-23-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mason McGuire</i>	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address; City; State; Zip Code <i>1119 E Russell Ave Carrollton, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-1-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frisco Firefighters Association</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>Frisco, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-2-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mia Chase</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>681 Deerwood Frisco, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-2-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vince Lombardo</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3264 Persimmon Frisco, TX</i>		
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:
2 FILER NAME <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-14-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janie Floyd</i> 6 Contributor address; City; State; Zip Code <i>15108 Spider Lily RD Frisco, TX</i>	7 Amount of contribution (\$) <i>\$20.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mun: Janaganajan</i> Contributor address; City; State; Zip Code <i>6969 Shadow Grove Frisco, TX</i>	Amount of contribution (\$) <i>\$678.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaya Lokanadha</i> Contributor address; City; State; Zip Code <i>3200 Cedar Creek Tr. Frisco, TX</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Henricett</i> Contributor address; City; State; Zip Code <i>4430 Woodbine Lane Prosper, TX</i>	Amount of contribution (\$) <i>\$250.00</i>
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:
2 FILER NAME <i>Don Saxeclin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-9-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Schild</i> 6 Contributor address; City; State; Zip Code <i>2267 Chenault Frisco, TX</i>	7 Amount of contribution (\$) <i>\$ 35</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-9-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Zaal</i> Contributor address; City; State; Zip Code <i>8670 Turnbury Frisco TX</i>	Amount of contribution (\$) <i>\$ 250</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-23-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Wanhoff</i> Contributor address; City; State; Zip Code <i>1136 Churchill Dr Frisco, TX</i>	Amount of contribution (\$) <i>\$ 275</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Jennifer White</i> Contributor address; City; State; Zip Code <i>7915 Wood Ct. Frisco, TX</i>	Amount of contribution (\$) <i>\$ 50</i>
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:
2 FILER NAME <u>Dan Stricklin</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7-9-2020</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Corey Martin</u> 6 Contributor address; City; State; Zip Code <u>3528 Menstead Frisco, TX</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>7-12-2020</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Livingston</u> Contributor address; City; State; Zip Code <u>9520 Alberta Ct Frisco TX</u>	Amount of contribution (\$) <u>\$ 2,732.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7-23-2020</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Howard Akin</u> Contributor address; City; State; Zip Code <u>44 Armstrong Dr Frisco TX</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7-27-2020</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Calla</u> Contributor address; City; State; Zip Code <u>4343 Chantilly Ln Frisco, TX</u>	Amount of contribution (\$) <u>\$ 50.00</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.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME

Dan Stricklin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

7-9-2020

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

Frisco Firefighters Association

7 Contributor address; City; State; Zip Code

Frisco TX

8 Amount of Contribution \$

\$740

9 In-kind contribution description

Contract Labor

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

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

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

9-14-2020

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

Frisco Firefighters Association

Contributor address; City; State; Zip Code

Frisco TX

Amount of Contribution \$

\$1,333

In-kind contribution description

Bill board

☐ 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.

# 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 <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9-8-2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tian Nguyen</i>	8 Amount of Contribution \$ <i>\$2650.00</i>	9 In-kind contribution description <i>Web Design</i>
7 Contributor address; City; State; Zip Code <i>6860 Dalles Pkwy Plano, TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<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>Dan Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1 to 9-22-20</i>		5 Payee name			
6 Amount (\$) <i>\$8,176</i>		7 Payee address; City; State; Zip Code <i>Frisco, TX</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Cannassing</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					
Date <i>9-8-2020</i>		Payee name <i>First Graphic Services</i>			
Amount (\$) <i>\$734.00</i>		Payee address; City; State; Zip Code <i>229 Garvan St Garland TX 75040</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Yard Signs 4 X 6 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					
Date <i>7-1 to 9-22-20</i>		Payee name <i>Signs on the Cheap</i>			
Amount (\$) <i>\$711.26</i>		Payee address; City; State; Zip Code <i>11525 A. Stanchellow D. <sup>Sec 100</sup> Austin, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Yard 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					

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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:		2 FILER NAME <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1-2020 to 9/22</i>		5 Payee name <i>E Canassar</i>			
6 Amount (\$) <i>\$1047</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>Fees</i>		(b) Description <i>Software Fee</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					
Date <i>7-1 to 9-22-20</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$682.25</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94205</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Digital Ads</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>9-14-2020</i>		Payee name <i>Frameworks</i>			
Amount (\$) <i>\$811.85</i>		Payee address; City; State; Zip Code <i>8273 Shum St Frisco TX 75034</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Digital Ads</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					

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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:	2 FILER NAME <i>Don Stricklin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8-22-20</i>	5 Payee name <i>Cain's</i>	
6 Amount (\$) <i>\$49.23</i>	7 Payee address; City; State; Zip Code <i>5688 FM 423 Frisco, TX</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>	(b) Description <i>Food for Volunteers</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>8-25-2020</i>	Payee name <i>Salsa Tex-Mex</i>	
Amount (\$) <i>81.24</i>	Payee address; City; State; Zip Code <i>3245 Main St Frisco TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>Campaign Event</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>9-13-2020</i>	Payee name <i>Lane's</i>	
Amount (\$) <i>\$68.65</i>	Payee address; City; State; Zip Code <i>2773 E. Eldorado Little Elm, TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Metal Sign Posts</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		

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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:		2 FILER NAME <i>Don Strickley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-25-20</i>		5 Payee name <i>Tom Thomb</i>			
6 Amount (\$) <i>\$23.92</i>		7 Payee address; City; State; Zip Code			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>		(b) Description <i>Bottled water</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					
Date <i>7-11-2020</i>		Payee name <i>Wendys</i>			
Amount (\$) <i>\$56.52</i>		Payee address; City; State; Zip Code <i>5622 FM 423 Frisco TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>		Description <i>Food for Volunteers</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>7-31-2020</i>		Payee name <i>UPS Store</i>			
Amount (\$) <i>70.53</i>		Payee address; City; State; Zip Code <i>5605 FM 423 Frisco TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Shipping, Printing</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					
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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:		2 FILER NAME <i>Don Strickland</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1-20 to 9-27-20</i>		5 Payee name <i>Vista print</i>			
6 Amount (\$) <i>\$911.93</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</i>		(b) Description <i>Postcards + T-shirts</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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.5em;">Dan Strickley</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center; font-size: 1.5em;">9-1-2020</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.5em;">Dan Strickley</div>	
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.5em;">9,189.60</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.5em;">856 Cypress Lake Dr. Frisco TX 75034</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.5em;">Salaries/Wages/Labor</div> </div> <div style="width: 45%;"> <b>(b)</b> Description  <div style="text-align: center; font-size: 1.5em;">Contract Labor</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </div> <div style="width: 45%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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