

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Thomas	MI D
	NICKNAME "Dan"	LAST Stricklin	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 856 Crystal Lake Drive Frisco, TX 75034		OFFICE USE ONLY Date Received RECEIVED NOV 30 2020 11:02 AM. AC. CITY SECRETARY'S OFFICE Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 951-4239		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Vijay	
	NICKNAME Sekhar	LAST Anne	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 997 Stampede Drive Frisco TX 75036		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 822-1736		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
10 PERIOD COVERED	Month Day Year 10 / 25 / 2020 THROUGH Month Day Year 11 / 30 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 12 / 8 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Frisco City Council Place - 5

GO TO PAGE 2

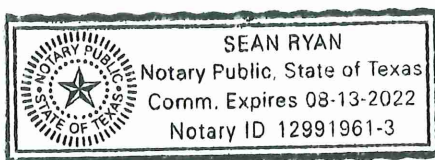
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Don Stricklin</u>		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Frisco Firefighters Association</u>	
		COMMITTEE ADDRESS <u>6735 54th Cedar Way Ste 300-1043</u> <u>Frisco, TX 75034</u>	
		COMMITTEE CAMPAIGN TREASURER NAME <u>Jeffrey Smith</u>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>7491 San Jacinto, McKinney Texas</u>	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,116⁰⁰</u>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4929¹⁰</u>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6⁻</u>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thomas Stricklin

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas Stricklin, this the 30 day of November, 2020, to certify which, witness my hand and seal of office.

Sean Ryan

Signature of officer administering oath

Sean Ryan

Printed name of officer administering oath

Notary Public

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	\$ 4,310 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,806 ⁰⁰
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	\$ 4,929 ¹²
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	\$ 625 ¹²
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 <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-10-2020</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 Dr. Frisco TX</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-25-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jana Snowden</i> Contributor address; City; State; Zip Code <i>10243 ElCinco Dr Frisco TX</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Thalkner</i> Contributor address; City; State; Zip Code <i>6402 Shady Oaks Dr Frisco TX</i>	Amount of contribution (\$) <i>350.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-20-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mital Patel</i> Contributor address; City; State; Zip Code <i>2207 Sturgis Dr Frisco TX</i>	Amount of contribution (\$) <i>300.00</i>
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:
2 FILER NAME <i>Dan Stocklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-9-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kerry Hultman</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>9423 Tanagerd Kisco TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-7-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kalyan Valluri</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>3695 Copper Point Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-7-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ravi Gol</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>14799 Mary Lane Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-8-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Doug Erwin</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5575 La Jolla Frisco TX</i>		
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:
2 FILER NAME <i>Dan Stanklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-5-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Delange</i>	7 Amount of contribution (\$) <i>40⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>10390 Rickover Dr Frisco TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-5-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Womack</i>	Amount of contribution (\$) <i>150⁰⁰</i>
Contributor address; City; State; Zip Code <i>1136 Churchill Dr Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-4-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer White</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>7915 Wood Circle Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-6-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rob Etienne</i>	Amount of contribution (\$) <i>20⁰⁰</i>
Contributor address; City; State; Zip Code <i>9913 Old Field Dr McKinney TX</i>		
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:
2 FILER NAME <i>Don Stacklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-6-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Robinson</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>13335 Spirit Falls Drive Frisco TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-6-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jody Adams</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>8810 Coleman Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-6-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anna Hawkins</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>13771 Grayhawk Blvd Frisco TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-5-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Updike</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>712 Chayl Lyne Dr Argyle TX</i>		
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:
2 FILER NAME <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-11-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Helon Smith</i> 6 Contributor address; City; State; Zip Code <i>2535 Loch Haven Dr Frisco TX</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-10-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Visay Sekhar Anand</i> Contributor address; City; State; Zip Code <i>997 Stampede Dr Frisco TX 75036</i>	Amount of contribution (\$) <i>\$ 2,300.00</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)
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)

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 Strickland</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>5,806.44</i>	
5 Date <i>11-1-2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frisco Firefighters Association</i>	8 Amount of Contribution \$ <i>5,806.44</i>	9 In-kind contribution description <i>Printing SSAs Mailing</i>
7 Contributor address; City; State; Zip Code <i>6135 Silk Cedar Way Ste 300 Frisco TX 75034</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#: 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>11-6-2020</i>		5 Payee name <i>Don Parcel + Ship</i>			
6 Amount (\$) <i>97.42</i>		7 Payee address; <i>5570 Fm 423 Ste. 250</i>		City; <i>Frisco</i>	State; <i>TX</i>
				Zip Code <i>75036</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Flyers</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>11-9-2020</i>		Payee name <i>UPS Store #6388</i>			
Amount (\$) <i>14.08</i>		Payee address; <i>5505 Fm 423 Ste. 500</i>		City; <i>Frisco</i>	State; <i>TX</i>
				Zip Code <i>75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>11-10-2020</i>		Payee name <i>Tom Thumb</i>			
Amount (\$) <i>10.52</i>		Payee address; <i>5550 Fm 423</i>		City; <i>Frisco</i>	State; <i>TX</i>
				Zip Code <i>75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</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 ONLY 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	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>Dan Swetelmo</i>		3 Filer ID (Ethics Commission Filers)										
4 Date <i>11-9-2020</i>	5 Payee name <i>Big Frog</i>												
6 Amount (\$) <i>130.00</i>	7 Payee address; City; State; Zip Code <i>4820 Main St #450 Frisco TX 75033</i>												
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(b) Description <i>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													
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date <i>11-8-2020</i></td> <td style="width:40%;">Payee name <i>Dollar Tree</i></td> <td style="width:20%;">City; <i>Frisco</i></td> <td style="width:20%;">State; <i>TX</i></td> <td style="width:20%;">Zip Code <i>75034</i></td> </tr> <tr> <td>Amount (\$) <i>71.00</i></td> <td colspan="4">Payee address; <i>3265 Preston RD Frisco TX 75034</i></td> </tr> </table>				Date <i>11-8-2020</i>	Payee name <i>Dollar Tree</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>	Amount (\$) <i>71.00</i>	Payee address; <i>3265 Preston RD Frisco TX 75034</i>			
Date <i>11-8-2020</i>	Payee name <i>Dollar Tree</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>									
Amount (\$) <i>71.00</i>	Payee address; <i>3265 Preston RD Frisco TX 75034</i>												
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>T-Shirts</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													
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date <i>11-7-2020</i></td> <td style="width:40%;">Payee name <i>Tom Thumb</i></td> <td style="width:20%;">City; <i>Frisco</i></td> <td style="width:20%;">State; <i>TX</i></td> <td style="width:20%;">Zip Code <i>75034</i></td> </tr> <tr> <td>Amount (\$) <i>81.26</i></td> <td colspan="4">Payee address; <i>5550 FM 423 Frisco TX 75034</i></td> </tr> </table>				Date <i>11-7-2020</i>	Payee name <i>Tom Thumb</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>	Amount (\$) <i>81.26</i>	Payee address; <i>5550 FM 423 Frisco TX 75034</i>			
Date <i>11-7-2020</i>	Payee name <i>Tom Thumb</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>									
Amount (\$) <i>81.26</i>	Payee address; <i>5550 FM 423 Frisco TX 75034</i>												
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event 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													
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date <i>11-7-2020</i></td> <td style="width:40%;">Payee name <i>Tom Thumb</i></td> <td style="width:20%;">City; <i>Frisco</i></td> <td style="width:20%;">State; <i>TX</i></td> <td style="width:20%;">Zip Code <i>75034</i></td> </tr> <tr> <td>Amount (\$) <i>81.26</i></td> <td colspan="4">Payee address; <i>5550 FM 423 Frisco TX 75034</i></td> </tr> </table>				Date <i>11-7-2020</i>	Payee name <i>Tom Thumb</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>	Amount (\$) <i>81.26</i>	Payee address; <i>5550 FM 423 Frisco TX 75034</i>			
Date <i>11-7-2020</i>	Payee name <i>Tom Thumb</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75034</i>									
Amount (\$) <i>81.26</i>	Payee address; <i>5550 FM 423 Frisco TX 75034</i>												
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event 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													
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 Stankin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25 to 11/25/12</i>	5 Payee name <i>Contract labor</i>	
6 Amount (\$) <i>\$3,809</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	
	(b) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date <i>11-14-2012</i>	Payee name <i>Don + Parcel + Slip</i>	
Amount (\$) <i>909</i>	Payee address; City; State; Zip Code <i>5570 FM 423 Frisco TX 75036</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	
	Description <i>T-1 hours</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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>1</u>	2 FILER NAME <u>Don Strickland</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11-13-2020</u>	5 Payee name <u>Vistaprint</u>	
6 Amount (\$) <u>342.46</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>95 Hayden Ave Lexington MA 02421</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing</u>	(b) Description <u>Postcards</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 <u>Don Strickland</u> <u>Free City Council Place 3</u>		
Date <u>11-4-2020</u>	Payee name <u>Vistaprint</u>	
Amount (\$) <u>282.24</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>95 Hayden Ave Lexington MA 02421</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>Postcards</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 <u>Don Strickland</u> <u>FCC P15</u>		
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		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED