

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received RECEIVED	
	NICKNAME	LAST	SUFFIX	JAN 19 2021 10:58 A.M. AL	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
	Other (specify)			Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	7 / 1 / 2020			THROUGH 9 / 22 / 2020	
Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____					

6 EXPLANATION OF CORRECTION

Correction of Names, updated addresses, added names of Laborers

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Thomas Strickland, and my date of birth is 12-3-76.

My address is 856 Crystal Lake Drive, Frisco, TX, 75044, USA.
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of TX, on the 19 day of January, 2021.
(month)

[Signature]
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<div style="display: flex; justify-content: space-between;"> <div>1 Filer ID (Ethics Commission Filers)</div> <div>2 Total pages filed:</div> </div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR</u></div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>Thomas</u></div> <div><u>D</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>Dan</u></div> <div><u>Stricklin</u></div> </div>		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: center;"> RECEIVED OCT 05 2020 10:43 AM. AC. CITY SECRETARY'S OFFICE </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</div> <div> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>856 Crystal Lake Dr.</u> <u>Frisco, TX 75036</u> </div> </div> <div> <input type="checkbox"/> Change of Address </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>(972)</u></div> <div><u>951-4239</u></div> </div>		<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div>Date Processed</div> <div>Date Imaged</div> </div>
	<div style="display: flex; justify-content: space-between;"> <div>6 CAMPAIGN TREASURER NAME</div> <div> MS / MRS / MR <u>MR</u> FIRST <u>Vijay</u> LAST <u>Anne</u> MI <u>Shetkar</u> SUFFIX </div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>997 Stompede Dr. Frisco</u></div> <div><u>TX 75036</u></div> </div>		
	<div style="text-align: right;"> RECEIVED JAN 15 2021 10:38 AM. AC. CITY SECRETARY'S OFFICE Revised Report </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div><u>(972)</u></div> <div><u>822-1736</u></div> </div>		
	<div> <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) </div> <div> <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) </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <u>7 / 1 / 2020</u> </div> <div>THROUGH</div> <div> Month Day Year <u>9 / 22 / 2020</u> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <u>11 / 3 / 2020</u> </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div>12 OFFICE</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div><u>Frisco City Council</u> <u>Place 5</u></div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Dan Stricklin

15 Filer ID (Ethics Commission Filers)

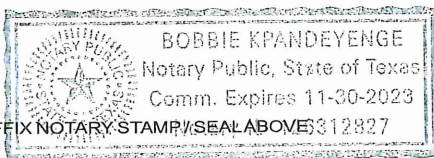
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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 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>		
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 <i>Don Stricklin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>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>1,896</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 <i>Don Strickland</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>Chakradhara Sarakul +1</i> 6 Contributor address; City; State; Zip Code <i>3241 Cedar Creek Frisco TX</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-7-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jane Sellers</i> Contributor address; City; State; Zip Code <i>3253 Castaway Lane Frisco, TX</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-7-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lakshmi Gogineni</i> Contributor address; City; State; Zip Code <i>7797 Edelweiss Tr Frisco, TX</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-7-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramesh Bheemana</i> Contributor address; City; State; Zip Code <i>7797 Edelweiss Tr. Frisco, TX 75034</i>	Amount of contribution (\$) <i>\$ 10.00</i>
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>\$50⁰⁰</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>\$1,000⁰⁰</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 Tanayara jai</i> Contributor address; City; State; Zip Code <i>6869 Shadow Linn Frisco, TX</i>	Amount of contribution (\$) <i>\$235⁰⁰</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)

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

Dean Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

9-8-2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dillip Devabhatuni

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 Fugere

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 Sulku

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

4681 Fullerton Dr Frisco, TX 75074

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

Dan Sordelich

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Srinivasu Manu

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City;

State;

Zip Code

6217 Claridge Ln Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Jayanthi Sarakuti

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

8900 Independence Hwy Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Brian Livingston

Amount of contribution (\$)

\$ 1,500.00

Contributor address;

City;

State;

Zip Code

9320 Alberta Ct Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Hari Kallam

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

6573 Sigma Ln 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:

2 FILER NAME

Dan Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

8-23-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mason McGuire

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City;

State;

Zip Code

1119 E Russell Ave Carrollton, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-1-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Frisco Firefighters Association

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

8601 Lory Dr Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-2-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Mia Chase

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

681 Deerwood Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-2-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Vince Lombardo

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

3264 Persimmon 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

Dan Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

8-14-2020

5 Full name of contributor

Janie Floyd

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

15108 Spider Lily RD Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-22-2020

Full name of contributor

Muni Janaganajan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$678.00

Contributor address;

City;

State;

Zip Code

6969 Shadow Glen Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-2020

Full name of contributor

Jaya Lokanadha

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

3200 Cedar Creek Tr Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-2020

Full name of contributor

James Henricutt

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

4430 Woodbine Lane Prosper, 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 Stricklin</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 Cheneau 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 Churchhill Dr Frisco, TX</i>	Amount of contribution (\$) <i>\$ 275</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-27-2020</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)
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 <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>	7 Amount of contribution (\$) <u>\$ 500.00</u>
6 Contributor address; City; State; Zip Code <u>3578 Menstead Frisco, TX</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>	Amount of contribution (\$) <u>\$ 2,732.00</u>
Contributor address; City; State; Zip Code <u>9520 Alberta Ct Frisco TX</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>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>44 Armstrong Dr Frisco TX</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>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>4343 Chantilly Ln Frisco, TX</u>		
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

2 FILER NAME

Dan Strickland

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

8601 Gary Burch Frisco TX 75034

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

8601 Gary Burch Frisco TX 75034

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>Jim 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 Dalks 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#: 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>Deen 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>200</i> <i>\$1047</i>		7 Payee address; City; State; Zip Code <i>Unit 6A S. 21st Business Park Conk, Ireland</i>			
8 PURPOSE OF EXPENDITURE	(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		Candidate / Officeholder name		Office sought Office held	
Date <i>7-1 to 9-22-20</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>25</i> <i>\$682</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</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		Candidate / Officeholder name		Office sought Office held	
Date <i>9-14-2020</i>		Payee name <i>Frameworks</i>			
Amount (\$) <i>899</i> <i>\$811</i>		Payee address; City; State; Zip Code <i>8273 Short St Fmcc TX 75074</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	

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>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>\$149.73</i>	7 Payee address; City; State; Zip Code <i>5688 FM 423 Frisco, TX</i>	
8 PURPOSE OF EXPENDITURE	(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>87.24</i>	Payee address; City; State; Zip Code <i>3245 Main St Frisco TX</i>	
PURPOSE OF EXPENDITURE	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>2723 E. Eldorado Little Elm, TX</i>	
PURPOSE OF EXPENDITURE	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		

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 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 <i>100 Hayden Ave Lexington MA 02421</i>			
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 <i>9-8-2020</i>		Payee name <i>First Graphic Services</i>			
Amount (\$) <i>734.02</i>		Payee address; City; State; Zip Code <i>229 Garcon 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, 4x4's</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>7-1 to 9-22-20</i>		Payee name <i>Signs on the Cheap</i>			
Amount (\$) <i>\$711.96</i>		Payee address; City; State; Zip Code <i>11525 A. Stone Willow Dr Sui 100 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		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Don Strickley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-25-20</i>		5 Payee name <i>Tom Thomb</i>			
6 Amount (\$) <i>\$23.82</i>		7 Payee address; City; State; Zip Code <i>5550 Fm 423 Frisco, TX</i>			
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>Winters</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					
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 Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1-2019-22-20</i>		5 Payee name <i>Marky Marin</i>			
6 Amount (\$) <i>\$1186</i>		7 Payee address; <i>1920 Sandstone Drive Frisco</i>		City; <i>TX</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>Contract Labor</i>		(b) Description <i>wages</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				
Date <i>7-1-2019-22-20</i>		Payee name <i>Tack Young</i>			
Amount (\$) <i>\$1338</i>		Payee address; <i>4408 Lindenwood Drive Frisco</i>		City; <i>TX</i>	State; <i>TX</i>
				Zip Code <i>75036</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>wages</i>		
	<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				
Date <i>7-1-2019-22-20</i>		Payee name <i>Daniel Cho</i>			
Amount (\$) <i>\$788</i>		Payee address; <i>5768 Lightfoot Lane</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>Contract labor</i>		Description <i>wages</i>		
	<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				
Date <i>7-1-2019-22-20</i>		Payee name <i>Daniel Cho</i>			
Amount (\$) <i>\$788</i>		Payee address; <i>5768 Lightfoot Lane</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>Contract labor</i>		Description <i>wages</i>		
	<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				
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		3 Filer ID (Ethics Commission Filers)	
4 Date 7-1-2020 TO 9/22/20		5 Payee name Donovan Amistek			
6 Amount (\$) \$1623		7 Payee address; 892 Crystal Lake Dr		City; Frisco	State; TX
				Zip Code 75039	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Wages		
	<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 7-1-20 to 9-22-20		Payee name Jackson Albrecht			
Amount (\$) \$1314		Payee address; 5893 Coral Ridge Court		City; Frisco	State; TX
				Zip Code 75036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Wages		
	<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 7-1-20 to 9-22-20		Payee name Luke Burrell			
Amount (\$) \$1219		Payee address; 452 Paloverde Lane		City; Frisco	State; TX
				Zip Code 75036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Wages		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dan Smickley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7-1-20 to 9-22-20</i>	5 Payee name <i>Tyler Berwood</i>
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6 Amount (\$) <i>1,025</i>	7 Payee address; <i>5976 Hidden Creek Ln</i>	City; <i>Frisco TX</i>	State; <i>TX</i>	Zip Code <i>75036</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Wages</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
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Date <i>7-1-20 to 9-22-20</i>	Payee name <i>Danesh Luning</i>
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Amount (\$) <i>391</i>	Payee address; <i>6336 Big Tree Lane</i>	City; <i>Frisco TX</i>	State; <i>TX</i>	Zip Code <i>75034</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Wages</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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 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>7-1-2019-2-20</i>	5 Payee name <i>Fionn McTigue</i>		
6 Amount (\$) <i>\$1188</i>	7 Payee address; City; State; Zip Code <i>3605 Shell Ridge Drive Frisco TX 75033</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Wages</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			
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			

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: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Dan Strickley</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">9-1-2020</div>	5 Payee name <div style="font-size: 1.2em;">Dan Strickley See Contract Labor</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$1896.00</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">856 Capstead Lake Dr. Frisco TX 75034</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Salaries/Wages/Labor</div> </div> <div style="width: 45%;"> (b) Description <div style="font-size: 1.2em;">Contract Labor</div> </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (c) <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>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 25%;">Office held</div> </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 45%;"> Description </div> </div>	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED