

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. A.C. CITY SECRETARY'S OFFICE	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Other (specify) _____		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	1	1	2020	6	30
			THROUGH	6	30
			2020		
6 EXPLANATION OF CORRECTION					
Correction of Names, Addresses and updated list/numbers 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 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 Snickel, and my date of birth is 12-3-76.

My address is 956 Crystal Lake Dr, Trisco, TX 78074, USA.
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of TX, on the 19 day of January, 20 21.
(month)

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

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>MR. Thomas D</p> <p>NICKNAME LAST SUFFIX</p> <p>"Dan" Stricklin</p>		<p>OFFICE USE ONLY</p> <hr/> <p>Date Received</p> <p>RECEIVED</p> <p>JUL 14 2020</p> <p><i>@ 11:10am jld</i></p> <p>CITY SECRETARY'S OFFICE</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>856 Crystal Lake Dr.</p> <p>Frisco, TX 75034</p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(972) 951-4239</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>MR. Vijay Shekar</p> <p>NICKNAME LAST SUFFIX</p> <p>Anne</p>										
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>997 Stampede Dr. Frisco TX 75036</p> <p style="text-align: right;">RECEIVED</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(972) 822-1736</p>		<p>JAN 15 2021</p> <p><i>10:38 AM AC</i></p> <p>CITY SECRETARY'S OFFICE</p> <p><i>RENSED REPORT</i></p>								
<p>9 REPORT TYPE</p>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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)
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<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p>1 / 1 / 2020 THROUGH 6 / 30 / 2020</p>										
<p>11 ELECTION</p>	<table style="width:100%;"> <tr> <td style="width:40%;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 3 / 2020</p> </td> <td style="width:60%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 3 / 2020</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>						
<p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 3 / 2020</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>										
<p>12 OFFICE</p>	<table style="width:100%;"> <tr> <td style="width:50%;"> <p>OFFICE HELD (if any)</p> </td> <td style="width:50%;"> <p>13 OFFICE SOUGHT (if known)</p> <p>Frisco City Council - Place 5</p> </td> </tr> </table>			<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>Frisco City Council - Place 5</p>						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Thomas Daniel Stricklin 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

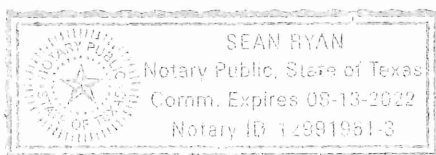
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Frisco Fire Fighters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>McKinney, TX 75071</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Jeffrey Smith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>Same as above</u>

☐ Additional Pages

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

TL

Signature of Candidate or Officeholder

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

Sean Ryan

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. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 15,435⁰⁰

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 3,252²²

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 15,252⁴⁶

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/1

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

6-29-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lopal Srivasan

7 Amount of contribution (\$)

\$300 ⁰⁰

6 Contributor address;

City;

State;

Zip Code

10661 Smartx Jones Frisco TX 75036

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-1-20

Full name of contributor

☐ out-of-state PAC (ID#:

Jared Patterson

Amount of contribution (\$)

\$1,000 ⁰⁰

Contributor address;

City;

State;

Zip Code

4412 Sapphire Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Krishna Laxmipati

Amount of contribution (\$)

\$300 ⁰⁰

Contributor address;

City;

State;

Zip Code

7986 Eddie Dr. Plano TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-14-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Mia Chase

Amount of contribution (\$)

\$100 ⁰⁰

Contributor address;

City;

State;

Zip Code

681 Deerwood Lane Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/7

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian Livingston

7 Amount of contribution (\$)

\$1,700 00

6 Contributor address;

City;

State;

Zip Code

9520 Albemarle Ct. Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Date

2-1-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Muhammad Wasay

Amount of contribution (\$)

\$300 00

Contributor address;

City;

State;

Zip Code

1207 Silent Brook Ct Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Krishna Kumaraswamy

Amount of contribution (\$)

\$1,000 00

Contributor address;

City;

State;

Zip Code

8201 Town Main Dr Plano TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Venkata Repudippu

Amount of contribution (\$)

\$1,000 00

Contributor address;

City;

State;

Zip Code

8479 Kora Creek Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

1-24-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Vidya Inaganti

7 Amount of contribution (\$)

\$1250.00

6 Contributor address;

City;

State;

Zip Code

10913 Patton Dr McKinney, TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Ram Reddy Basso

Amount of contribution (\$)

\$1200.00

Contributor address;

City;

State;

Zip Code

8107 Kara Creek Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Michael Olatunji

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

12031 Ashaway Lane Frisco TX 75035

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Date

2-25-20

Full name of contributor

☐ out-of-state PAC (ID#:

Chad Visser

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

15501 Custer Trail Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

4-18-2020

5 Full name of contributor

Diana Youngblood

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

881 Crystal Lake Frisco TX 75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-3-2020

Full name of contributor

John Stammerich

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

11187 Silverhorn Dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6-2020

Full name of contributor

Brandon Borden

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

5000 Eldorado Pkwy Ste. 150 Frisco TX 75033

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

Date

2-7-2020

Full name of contributor

Jeanne Weisz

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

11170 Corsicana Dr. Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 5/1
2 FILER NAME Thomas Stricklin		3 Filer ID (Ethics Commission Filers)
4 Date 2-12-2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William C. Bendrey 6 Contributor address; City; State; Zip Code 8 Wimbledon Ct. Frisco TX 75034	7 Amount of contribution (\$) \$ 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-8-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raj Veenamachaneni Contributor address; City; State; Zip Code 751 Thornwood Ave Frisco TX 75034	Amount of contribution (\$) \$ 550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nanda Kuchanla Contributor address; City; State; Zip Code 15283 MorningStar Frisco TX 75035	Amount of contribution (\$) \$ 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amar Anne Contributor address; City; State; Zip Code 931 Red bird Lane Allen TX 75013	Amount of contribution (\$) \$ 250.00
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: 7/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

6-18-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patrick Warmhoff

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address;

City;

State;

Zip Code

1136 Churchill Dr Frisco TX
75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-21-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sherrice Thoman

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

8796 Bullrush Frisco, TX
75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chandrasekhar Muthukani

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

1153 Fossil Lake Dr. Frisco TX
75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gobinath Jagan Narayanan

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

8900 Independence
PKWY Apt. 18204 Plano TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1: 6/7

2 FILER NAME

Thomas Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

1-9-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frisco Fire Fighters PAC

6 Contributor address;

City;

State;

Zip Code

7421 San Saba rd McKinney, TX 75071

7 Amount of contribution (\$)

\$5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Thomas Stricklin</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="font-size: 1.5em;">0</div>	
5 Date <div style="font-family: cursive;">1-18-2020</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-family: cursive; font-size: 1.2em;">Frisco Firefighters PAC</div>	8 Amount of Contribution \$ <div style="font-family: cursive; font-size: 1.2em;">\$3,232.00</div>	9 In-kind contribution description <div style="font-family: cursive; font-size: 1.2em;">Printing Labor</div>
7 Contributor address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">7421 San Jacinto McAllen, TX 78501</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <div style="font-family: cursive; font-size: 1.2em;">Firefighter PAC</div>		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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1/1</u>	2 FILER NAME <u>Thomas Stricklin</u>	3 Filer ID (Ethics Commission Filers) <u>1/1</u>
4 Date <u>1-1-2020 to 6/30/2020</u>	5 Payee name <u>E Canva LLC</u>	
6 Amount (\$) <u>\$1894.00</u>	7 Payee address; City; State; Zip Code <u>Unit 6A S. Hwy Business Park</u> <u>Corle, Ireland</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other / Software</u>	(b) Description <u>Software</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <u>1-2-2020</u>	Payee name <u>First Graphics Services</u>		
Amount (\$) <u>\$1109.56</u>	Payee address; City; State; Zip Code <u>229 Garvan St. Garland, TX 75040</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>4x4 Signs</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <u>to 6:30:2020</u> <u>1-8-2020</u>	Payee name <u>Signs on the Cheap</u>		
Amount (\$) <u>\$2,290.00</u>	Payee address; City; State; Zip Code <u>11525 A. Jambhawan Dr Austin, TX</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>4x4 Signs</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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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: 3/7	2 FILER NAME Thomas Stricklin	3 Filer ID (Ethics Commission Filers) 3/7
4 Date 2-8-2020	5 Payee name Tom Thumb	
6 Amount (\$) \$131.50	7 Payee address; 5550 Fm 423	City; State; Zip Code Frisco TX 75034
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 3-12-20	Payee name Home Depot	
Amount (\$) \$22.62	Payee address; 5995 El Dorado Pkwy	City; State; Zip Code Frisco TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Metal Stakes	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 1-11-2020	Payee name Cane's	
Amount (\$) \$49.92	Payee address; 5688 Fm 423	City; State; Zip Code Frisco TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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: 4/7	2 FILER NAME Thomas Stricklin	3 Filer ID (Ethics Commission Filers) 4/7
4 Date 1-4-2020	5 Payee name Tom Thumb	
6 Amount (\$) \$2462	7 Payee address; City; State; Zip Code 5550 FM 423 Frisco TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-18-2020	Payee name Tom Thumb	
Amount (\$) \$2422	Payee address; City; State; Zip Code 5550 FM 423 Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-11-2020	Payee name Lowr's	
Amount (\$) \$1793	Payee address; City; State; Zip Code 2173 E. Eldorado Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other / Sign Backers	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5/7	2 FILER NAME Thomas Stuckey	3 Filer ID (Ethics Commission Filers)
4 Date 1-27-2020	5 Payee name The Cowboys Club	
6 Amount (\$) \$170.52	7 Payee address; City; State; Zip Code Five Cowboys Club #200 Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 6-20-2020	Payee name Celebrity Bakery	
Amount (\$) \$55.25	Payee address; City; State; Zip Code 3520 Preston Rd Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 6-6-2020	Payee name Cane's	
Amount (\$) \$49.25	Payee address; City; State; Zip Code 5688 Fur 423 Frisco TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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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: <u>6/7</u>	2 FILER NAME <u>Thomas Strickland</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2-1-2020</u>	5 Payee name <u>Cares</u>	
6 Amount (\$) <u>\$100.00</u>	7 Payee address; City; State; Zip Code <u>5688 FM 423 Frisco TX</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>1-18-2020</u>	Payee name <u>Papa Johns</u>	
Amount (\$) <u>\$35.00</u>	Payee address; City; State; Zip Code <u>#1067 Frisco, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>2-14-2020</u>	Payee name <u>Perrys</u>	
Amount (\$) <u>\$124.49</u>	Payee address; City; State; Zip Code <u>2440 Parkwood Blvd Frisco TX 75034</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME <i>Thomas Strickland</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-1-2020</i>		5 Payee name <i>Vistaprint</i>			
6 Amount (\$) <i>\$998.55</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 Expense</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>1-13-20</i>		Payee name <i>Cowboys Club</i>			
Amount (\$) <i>\$82.80</i>		Payee address; City; State; Zip Code <i>Five Cowboys Way #200 Frisco TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <i>2-8-20</i>		Payee name <i>Braum's</i>			
Amount (\$) <i>\$22.29</i>		Payee address; City; State; Zip Code <i>2680 W. McLean St. Frisco, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Bee.</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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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 Dan Stricklin		3 Filer ID (Ethics Commission Filers)	
4 Date 1-1-20 to 6-30-20		5 Payee name Tyler Earwood			
6 Amount (\$) \$854		7 Payee address; 5976 hidden Creek lane		City; Frisco	State; Tx Zip Code 75036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Wages		
	(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 1-1-20 to 6-30-20		Payee name Devesh Gwung			
Amount (\$) \$1,016		Payee address; 6336 Big Tree Lane		City; Frisco	State; Tx Zip Code 75034
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1-1-20 to 6-30-20		Payee name Marco Ruiz			
Amount (\$) \$786		Payee address; 5683 Dashingly Drive		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 ONLY 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 Dan Stricklin		3 Filer ID (Ethics Commission Filers)	
4 Date 11-20 to 6-30-20		5 Payee name Evan Liddell			
6 Amount (\$) \$427		7 Payee address; 8072 Cherry Springs Court		City; Frisco	State; TX Zip Code 75036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Wages		
	(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 11-20 to 6-30-20		Payee name Rodrigo Lopez			
Amount (\$) \$674		Payee address; 5945 Blazing Star Road		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 11-20 to 6-30-20		Payee name Marky Marin			
Amount (\$) \$741		Payee address; 1920 Sandstone Drive		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

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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>1-1-20 to 6-30-20</i>	5 Payee name <i>Danovan Armstrong</i>	
6 Amount (\$) <i>\$1,380</i>	7 Payee address; City; State; Zip Code <i>892 Crystal Lake Drive Frisco TX 75039</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 <i>1-1-20 to 6-30-20</i>	Payee name <i>Jackson Albrecht</i>		
Amount (\$) <i>\$1,157</i>	Payee address; City; State; Zip Code <i>5893 Coral Ridge Court Frisco TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <i>1-1-20 to 6-30-20</i>	Payee name <i>Luke Burrell</i>		
Amount (\$) <i>\$1,493</i>	Payee address; City; State; Zip Code <i>452 Paloverde Lane Frisco TX 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 <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>Dr. Jack L.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-1-20¹⁰ 6:30</i>	5 Payee name <i>Fiona Metzger</i>	
6 Amount (\$) <i>\$623</i>	7 Payee address; City; State; Zip Code <i>3605 Shell Ridge Dr. Misco, 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		

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