CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	MI	OFFICE	USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	
	NICKNAME (Day 1 Strick !)	n	Dr.	CED IED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN	1 5 2021
Change of Address	856 Crystal Like Dr.	Frigo TX 75034	/O:	32 AM AC
5 CANDIDATE/ OFFICEHOLDER	856 Crystal Lake Dr. AREA CODE PHONE NUMBER (823) 555 462 35	EXTENSION		or Date Postmarked
PHONE 6 CAMPAIGN	(972) 95(-4239 MS/MRS/MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME LAST	kho-	Date Processed	
	NICKNAME LAST Anne	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	JITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	991 Stampede Deri- AREA CODE PHONE NUMBER (9'72) 822 - 1730	EXTENSION	(, , , , , , , , , , , , , , , , , , ,	- V
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day af treasurer a (Officeholde	
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12 / 01 / 2020	THROUGH 12/	Day Year / 31 / 26	
11 ELECTION	ELECTION DATE Month Day Year Primary 12/8/2020 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Frisco City Counce Place - 5	13 OFFICE SOUGHT (if known)	
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jan Store	1	5 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 OF 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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGI CONTR	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 100 ==
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,190 25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 2
Notary	BIE KPANDEÝENGI Public, State of Tex n. Expires 11-30-201	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Cano	didate or Officeholder
Sworn to and subscider of Sources	2 1	to certify which, witness my hand and seal of office.	, this the
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FUR	NDS	\$ 4,190 25
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Strackelin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of	-state PAC (ID#:)	7 Amount of contribution (\$)
12-6-20	Robert Altman 6 Contributor address; City 3472 Delford Dr	; State; Zip Code	\$ 100 00
	3972 Del Good Dr	Frisco TN 75033	>
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense 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
Others (extension and listed above)

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12-5-2020	5 Payee name		
6 Amount (\$) 376	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	5976 Hidden Creek		TX 75076
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
12-5-2020	Marky Morra		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1920 Sandstone D	Ersco 1	15033
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Contract Labor	Wag 15	
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
12-5-2026	Fran Metisca		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	3605 Shell Ridge	Dr Foresco	Tr 75033
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Co-one+ Labor	Wages	
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Expense	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER MAME Strekly	;	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	,	
12-5-2420	Jackson Albrech-		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	5893 (care) River (4 (a) Category (See Categories listed at the top of this schedule)	Fr. Sco TX (b) Description	75036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contract Labor	Wage S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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		
12-5-2020	Jack Young		
/2 -5 - 2020 Amount (\$) /80	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	4408 Linken wood Drive	Frisco	TX 75036
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Contrat Laker	Wages	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-5-2020	Loke Borrell		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	452 Palounde Line	Frisco "	TX 75034
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Contract Labor	Wages	
	Check if travel outside of Texas. Complete Schedule T.		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 NEEDE	D

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politiceholde		b complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Stricklin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12-3-2020	Ecanosser		
6 Amount (\$) 702 46	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	South Ring Busiless Park	#6A	Cok, Tecland
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Other	Software	
	(c) Check if travel outside of Texas. Complete Schedule T.	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		
12-17-2020	Elo Steak		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	8650 SH121		X 75034
PURPOSE	Category (See Categories listed at the top of this schedule)	Descriptión	
OF EXPENDITURE	Food Browning	Fixent	Expuse
EXPENDITORE	Check if travel outside of Texas, Complete Schedule T.		, TX, officeholder living expense
0 1 0 0 0 0 0 0	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0	DH		
Date	Payee name		
12-5-2020	Danaca Avin	iskead	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	892 Crysial Laker	Dr Fris	co TX 75034
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	·
OF EXPENDITURE	Contract Labor	Wase	9
LAI ENDITORE	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waqes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salanes/ The Instruction Guide explains how to	complete this form.	Other (enter a category i	not listed above)
1 Total pages Schedule G:	2 FILER NAME Jan Starcklun		3 Filer ID (Ethics C	ommission Filers)
4 Date 12-5-20	5 Payee name Ryan Nasa			
6 Amount (\$) Reimbursement from political contributions	7 Payee address;	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75034
OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Wage 5 Check if Austin,	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	С	office held
Date	Payee name			
12-21-2020	Constant Conts Ct	4.00		
12-21-2020 Amount (\$)2	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1601 Trapelo leal	then Mr	1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.		ンチャルシーペ TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	