

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			
NICKNAME LAST SUFFIX		Date Received RECEIVED MAR 08 2021 4:41 P.M. AC CITY SECRETARY'S OFFICE		Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input 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) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020		Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

Name + Address Corrections

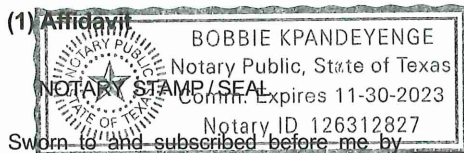
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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:



Sworn to and subscribed before me by *Don Stucklin* this the 8th day of March, 2021, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received <div style="text-align: center;"> RECEIVED MAR 08 2021 4:41 PM. AC. CITY SECRETARY'S OFFICE </div> Date Hand-delivered or Date Postmarked <table border="1"> <tr> <td>Receipt #</td> <td>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									
NICKNAME LAST SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address									
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE									
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION									
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE									
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION									
9 REPORT TYPE <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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED Month Day Year Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020									
11 ELECTION ELECTION DATE Month Day Year 11 / 3 / 2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Frisco City Council - Places							

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.

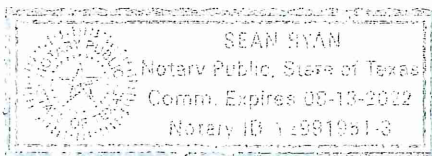
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Frisco Fire Fighters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>McKinney, TX 75071</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Jeffrey Smith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>Same as above</u>

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</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>0</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>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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thomas Daniel Stricklin

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 SCHEDULESUBTOTAL
AMOUNT1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS\$ 15,435⁴²2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS\$ 3,252²²3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS\$ 15,252⁴⁶6. ☐ 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 Srivivasan

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 Eddick 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

Brian Livingston

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1,700

6 Contributor address;

City;

State;

Zip Code

9520 Alberta Ct, Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Date

2-1-2020

Full name of contributor

Muhammad Wasay

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

1207 Silentbrook Ct Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-2020

Full name of contributor

Krishna Kumaraswamy

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

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

Venkata Papodippu

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

8479 Lark 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) V. Dya Inaganti 6 Contributor address; City; State; Zip Code 10913 Patton Dr McAllen, TX 78502	7 Amount of contribution (\$) \$1250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-24-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ram Reddy Basso Contributor address; City; State; Zip Code 8107 Kara Creek Frisco TX 75034	Amount of contribution (\$) \$1200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-23-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Michael Olatunji Contributor address; City; State; Zip Code 12031 Ashaway Lane Frisco TX 75035	Amount of contribution (\$) \$1250.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions)
Date 2-25-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Visser Contributor address; City; State; Zip Code 15501 Custer Trail Frisco TX 75035	Amount of contribution (\$) \$10.00
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 Weiss

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

11170 Corsicana Dr. Frisco TX 75435

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:

5/7

2 FILER NAME

Thomas Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

William C. Bonden

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

City;

State;

Zip Code

8 Wimbledon Ct. Frisco TX
75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-8-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Raj Veenamachaneni

Amount of contribution (\$)

\$ 550.00

Contributor address;

City;

State;

Zip Code

751 Thorndike Ave Frisco TX
75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Nanda Kuchanla

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State;

Zip Code

15283 MorningStar Frisco TX
75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Amar Anne

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

931 Red bird Lane Allen TX 75013

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: 7/7

2 FILER NAME

Thomas Strickland

3 Filer ID# (Ethics Commission Filers)

4 Date

6-18-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Patrick Warmholt

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#:

Sheenie 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 Mathukani

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#:

Gobinatharayan Arayamman

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

8900 Independence
PKWY Apt. 19209 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

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City;

State;

Zip Code

7421 San Jacinto Dr McAllen, TX 78501

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: 1	
2 FILER NAME Thomas Strickler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 1-18-2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisco Firefighters PAC	8 Amount of Contribution \$ \$3252.22	9 In-kind contribution description Protecting Labor
7 Contributor address; City; State; Zip Code 7421 San Jacinto Mcleiden, TX 75071		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Firefighter PAC		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages of Schedule F1: 1/1 2 FILER NAME Thomas Strickland 3 Filer ID (Ethics Commission Filers) 1/1

4 Date 1-1-2020 to 6/30/2020 5 Payee name E Canavasser

6 Amount (\$) \$1894.00 7 Payee address; City; State; Zip Code
Unit 6A S. Rm Business Park Corle, Ireland

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Other / Software Software
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 1-2-2020 Payee name First Graphics Services

Amount (\$) \$1109.56 Payee address; City; State; Zip Code
229 Garvan St. Garland, TX 75040

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Printing Expense 4x4 Signs
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date to 6:30:2020 1-8-2020 Payee name Signs on the Cheap

Amount (\$) \$2,290.00 Payee address; City; State; Zip Code
11525 A. Jambhawan Dr Austin, TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Printing Expense Red Signs
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 5530 Fm 423 Frisco TX 78034	
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 3-12-20	Payee name Home Depot	
Amount (\$) \$22.62	Payee address; City; State; Zip Code 5995 El Dorado Pl W 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1-11-2020	Payee name Carie's	
Amount (\$) \$48.92	Payee address; City; State; Zip Code 5688 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		

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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: 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 Lowie'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
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: <u>5/7</u>		2 FILER NAME <u>Thomas Strickland</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-27-2020</u>		5 Payee name <u>The Cowboys Club</u>			
6 Amount (\$) <u>\$170.52</u>		7 Payee address; City; State; Zip Code <u>Five Cowboys Club #200 Frisco TX 75034</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</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					
Date <u>6-20-2020</u>		Payee name <u>Celebrity Bakery</u>			
Amount (\$) <u>\$55.25</u>		Payee address; City; State; Zip Code <u>3520 Preston Rd Frisco TX</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Food</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					
Date <u>6-6-2020</u>		Payee name <u>Carri's</u>			
Amount (\$) <u>\$49.02</u>		Payee address; City; State; Zip Code <u>5688 Fm 423 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					

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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 S. 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 Payee name					
<u>1-18-2020</u> <u>Papa Johns</u>					
Amount (\$) Payee address; City; State; Zip Code					
<u>\$35.00</u> <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 Payee name					
<u>2-14-2020</u> <u>Perry's</u>					
Amount (\$) Payee address; City; State; Zip Code					
<u>\$124.49</u> <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:		2 FILER NAME <i>Thomas Stricklin</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>Brems</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/Bec.</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	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>1-10-20</i>		5 Payee name <i>Marco Ruiz</i>			
6 Amount (\$) <i>\$250</i>		7 Payee address; City; State; Zip Code <i>5683 Dashingly Drive Frisco Tx 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>2-10-20</i>		Payee name <i>Marco Ruiz</i>			
Amount (\$) <i>\$250</i>		Payee address; City; State; Zip Code <i>5683 Dashingly Drive 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>3-10-20</i>		Payee name <i>Marco Ruiz</i>			
Amount (\$) <i>\$226</i>		Payee address; City; State; Zip Code <i>5683 Dashingly Drive 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>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-10-20</i>	5 Payee name <i>Tyler Earwood</i>			
6 Amount (\$) <i>\$280</i>	7 Payee address; <i>5976 hidden creek lane</i>		City; <i>Frisco</i>	State; <i>Tx</i>
			Zip Code <i>75036</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>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>1-10-20</i>	Payee name <i>Tyler Earwood</i>			
Amount (\$) <i>\$294</i>	Payee address; <i>5976 hidden Creek lane</i>		City; <i>frisco</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 <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date <i>3-10-20</i>	Payee name <i>Tyler Earwood</i>			
Amount (\$) <i>\$280</i>	Payee address; <i>5976 hidden creek lane</i>		City; <i>Frisco</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 <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>1-10-20</i>		5 Payee name <i>Devesh Guring</i>			
6 Amount (\$) <i>\$416</i>		7 Payee address; <i>6336 Big Tree Lane</i>		City; <i>Frisco</i>	State; <i>Tx</i>
				Zip Code <i>75034</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					
Date <i>1-10-20</i>		Payee name <i>Devesh Guring</i>			
Amount (\$) <i>\$300</i>		Payee address; <i>6336 Big Tree 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>3-10-20</i>		Payee name <i>Devesh Guring</i>			
Amount (\$) <i>\$300</i>		Payee address; <i>6336 Big Tree 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>3-10-20</i>		Payee name <i>Devesh Guring</i>			
Amount (\$) <i>\$300</i>		Payee address; <i>6336 Big Tree 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 <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>1-10-20</i>		5 Payee name <i>Evan Liddell</i>			
6 Amount (\$) <i>\$150</i>		7 Payee address; <i>8072 Cherry Springs Court</i>		City; <i>Frisc</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>		
	<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>2-10-20</i>		Payee name <i>Evan Liddell</i>			
Amount (\$) <i>\$127</i>		Payee address; <i>8072 Cherry Springs Court</i>		City; <i>Frisc</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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>3-10-20</i>		Payee name <i>Evan Liddell</i>			
Amount (\$) <i>\$150</i>		Payee address; <i>8072 Cherry Springs Court</i>		City; <i>Frisc</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 <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>10-20</i>		5 Payee name <i>Rodrigo Lopez</i>			
6 Amount (\$) <i>\$274</i>		7 Payee address; <i>5945 Blazing Star Road</i>		City; <i>Frisco</i>	State; <i>TX</i>
				Zip Code <i>75036</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>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>2-10-20</i>		Payee name <i>Rodrigo Lopez</i>			
Amount (\$) <i>\$200</i>		Payee address; <i>5945 Blazing Star Road</i>		City; <i>Frisco</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>3-10-20</i>		Payee name <i>Rodrigo Lopez</i>			
Amount (\$) <i>\$200</i>		Payee address; <i>5945 Blazing Star Road</i>		City; <i>Frisco</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Don Strickler</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-10-20</i>	5 Payee name <i>Marky Marin</i>	
6 Amount (\$) <i>\$250</i>	7 Payee address; City; State; Zip Code <i>1420 Sandstone Dr. Frisco TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>2-10-20</i>	Payee name <i>Marky Marin</i>		
Amount (\$) <i>\$250</i>	Payee address; City; State; Zip Code <i>1420 Sandstone Dr. 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>3-10-20</i>	Payee name <i>Marky Marin</i>		
Amount (\$) <i>\$241</i>	Payee address; City; State; Zip Code <i>1420 Sandstone Dr. 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			

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>1-10-20</i>	5 Payee name <i>Fionn McTigue</i>	
6 Amount (\$) <i>\$223</i>	7 Payee address; City; State; Zip Code <i>3605 Shell Ridge Dr 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 <i>2-10-20</i>	Payee name <i>Fionn McTigue</i>	
Amount (\$) <i>\$200</i>	Payee address; City; State; Zip Code <i>3605 Shell Ridge Dr Frisco TX 75033</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>3-10-20</i>	Payee name <i>Fionn McTigue</i>	
Amount (\$) <i>\$200</i>	Payee address; City; State; Zip Code <i>3605 Shell Ridge Dr Frisco TX 75033</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 Dan Stricklin	3 Filer ID (Ethics Commission Filers)
4 Date 1-10-20	5 Payee name Donovan Armistead	
6 Amount (\$) \$460	7 Payee address; City; State; Zip Code 812 Crystal Lake Drive Frisco TX 75034	
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 2-10-20	Payee name Donovan Armistead	
Amount (\$) \$460	Payee address; City; State; Zip Code 892 Crystal Lake Drive Frisco TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 3-10-20	Payee name Donovan Armistead	
Amount (\$) \$460	Payee address; City; State; Zip Code 892 Crystal Lake Drive Frisco TX 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 <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 Dan Stricklin	3 Filer ID (Ethics Commission Filers)
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4 Date 1-10-20	5 Payee name Jackson Albrecht
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6 Amount (\$) \$400	7 Payee address; 5893 Coral Ridge Court	City; Frisco	State; TX	Zip Code 75036
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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
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Date 2-10-20	Payee name Jackson Albrecht
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Amount (\$) \$357	Payee address; 5893 Coral Ridge Court	City; Frisco	State; TX	Zip Code 75036
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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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Date 3-10-20	Payee name Jackson Albrecht
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Amount (\$) \$400	Payee address; 5893 Coral Ridge Court	City; Frisco	State; TX	Zip Code 75036
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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	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)
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4 Date <i>1-10-20</i>	5 Payee name <i>Luke Burrell</i>
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6 Amount (\$) <i>\$543</i>	7 Payee address; <i>452 Paloverde Lane</i>	City; <i>Frisco</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>2-10-20</i>	Payee name <i>Luke Burrell</i>
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Amount (\$) <i>\$475</i>	Payee address; <i>452 Paloverde Lane</i>	City; <i>Frisco</i>	State; <i>TX</i>	Zip Code <i>75036</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 <i>3-10-20</i>	Payee name <i>Luke Burrell</i>
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Amount (\$) <i>\$475</i>	Payee address; <i>452 Paloverde Lane</i>	City; <i>Frisco</i>	State; <i>Tx</i>	Zip Code <i>75036</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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