

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY  Date Received <b>RECEIVED</b> <b>MAR 08 2021</b> <b>4:41 P.M. AC</b> <b>CITY SECRETARY'S OFFICE</b> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
5 ORIGINAL PERIOD COVERED	<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				
	Month	Day	Year	Month	Day	Year
	7 / 1 / 2020 THROUGH 9 / 22 / 2020					

## 6 EXPLANATION OF CORRECTION

None and Address Corrections

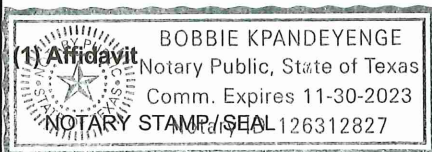
## 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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 of Candidate/Officeholder

Please complete either option below:



Sworn to and subscribed before me by Don Stricklin this the 8th day of March, 20 21, 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
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING 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	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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 7 / 1 / 2020    THROUGH    9 / 22 / 2020		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<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)

OFFICE USE ONLY	
Date Received	
<b>RECEIVED</b> <b>MAR 08 2021</b> <b>4:41 PM. AL</b> <b>CITY SECRETARY'S OFFICE</b>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Dan Stricklin

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

Frisco Fire Fighters Association

☐ SPECIFIC

COMMITTEE ADDRESS

8601 Gary Burns Dr. Frisco, TX

COMMITTEE CAMPAIGN TREASURER NAME

Jeff Smith

COMMITTEE CAMPAIGN TREASURER ADDRESS

7471 San Jacinto, McKinney TX

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,258

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 13,431

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

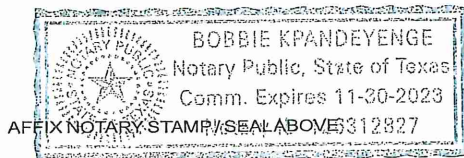
\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

KL2

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Thomas Stricklin, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Bobbie Kpandeyenge  
Signature of officer administering oath

Bobbie Kpandeyenge  
Printed name of officer administering oath

Notary  
Title of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Don Stricklin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>11,535</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4,723</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>13,431</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,896</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dan Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Chakradhara Sarakchoti

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State;

Zip Code

3241 Cedar Creek Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-7-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Jane Sellers

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

3253 Castaway Lane Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-7-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Lakshmi Gogineni

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

7797 Edelweiss Tr Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-7-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Ramesh Bhargava

Amount of contribution (\$)

\$ 10.00

Contributor address;

City;

State;

Zip Code

7797 Edelweiss Tr 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 FILER NAME

*Dan Stracklin*

3 Filer ID (Ethics Commission Filers)

4 Date

*9-20-2020*

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Wayne Marchese*

7 Amount of contribution (\$)

*\$ 50<sup>00</sup>*

6 Contributor address;

City;

State;

Zip Code

*1484 Bent Tree Frisco, TX*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9-22-20*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Carol Adams*

Amount of contribution (\$)

*\$ 1,000 <sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*9 Shadow Ridge Frisco, TX*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9-22-20*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Muni Tanajara Jan*

Amount of contribution (\$)

*\$ 235<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*6869 Shadow Lane Frisco, TX*

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dean Strickland

3 Filer ID (Ethics Commission Filers)

4 Date

9-8-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dillip Devabhaktuni

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

City;

State;

Zip Code

1433 Hazel Green Dr Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-9-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Treva Fugere

Amount of contribution (\$)

\$5.00

Contributor address;

City;

State;

Zip Code

7611 Casson Dr Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Paul Sukhu

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

4687 Fullerton Dr Frisco, TX 75074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Muni Janagarajan

Amount of contribution (\$)

\$142.50

Contributor address;

City;

State;

Zip Code

6869 Shadow Glen Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dan Sardela

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-2020

5 Full name of contributor

Saindasa Manu

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

6217 Claridge Ln Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-2020

Full name of contributor

Jayanthi Sarakuti

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

8900 Independence Hwy Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-2020

Full name of contributor

Brian Livingston

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

9520 Alberta Ct Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-2020

Full name of contributor

Hari Kallam

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

6873 Sigma Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dan Strickland</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-23-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mason McGuire</i> 6 Contributor address; City; State; Zip Code <i>1119 E Russel Ave Carrollton, TX</i>	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-1-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frisco Firefighters Association</i> Contributor address; City; State; Zip Code <i>8601 Loop E Frisco, TX 75034</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-2-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mia Chase</i> Contributor address; City; State; Zip Code <i>681 Deerwood Frisco, TX</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-2-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vince Lombardo</i> Contributor address; City; State; Zip Code <i>3264 Persimmon Frisco, TX</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-14-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janie Floyd</i> 6 Contributor address; City; State; Zip Code <i>15108 Spider Lily RD Frisco, TX</i>	7 Amount of contribution (\$) <i>\$20.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Muni Janaganajan</i> Contributor address; City; State; Zip Code <i>6969 Shadow Lane Frisco, TX</i>	Amount of contribution (\$) <i>\$678.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaya Lokanadha</i> Contributor address; City; State; Zip Code <i>3200 Cedar Creek Tr. Frisco, TX</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-22-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Henricutt</i> Contributor address; City; State; Zip Code <i>4430 Woodbine Lane Prosper, TX</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Don Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

8-9-2020

5 Full name of contributor

Jeff Schild

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 35

6 Contributor address;

City;

State;

Zip Code

2267 Chanaux Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-9-2020

Full name of contributor

Mike Zaal

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 250

Contributor address;

City;

State;

Zip Code

8670 Turnbury Frisco TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-23-2020

Full name of contributor

Patrick Wimbhoff

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 275

Contributor address;

City;

State;

Zip Code

1136 Churchills Dr Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-2020

Full name of contributor

Dr. Jennifer White

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

7915 Wood Ct. Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dan Stricklin

3 Filer ID (Ethics Commission Filers)

4 Date

7-9-2020

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Corey Martin

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City;

State;

Zip Code

3528 Monstead

Frisco, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7-12-2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brian Livingston

Amount of contribution (\$)

\$ 2,732.00

Contributor address;

City;

State;

Zip Code

9520 Alameda Ct

Frisco TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-23-2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Howard Akin

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

44 Armstrong Dr

Frisco TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-27-2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Calla

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

4343 Chantilly Ln

Frisco, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Dan Strickland</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>7-9-2020</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Frisco Firefighters Association</u> 7 Contributor address; City; State; Zip Code <u>8601 Gary Burris Frisco TX 75034</u>	8 Amount of Contribution \$ <u>\$740.00</u>	9 In-kind contribution description <u>Contract Labor</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <u>9-14-2020</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Frisco Firefighters Association</u> Contributor address; City; State; Zip Code <u>8601 Gary Burris Frisco TX 75034</u>	Amount of Contribution \$ <u>\$1,333.00</u>	In-kind contribution description <u>Bill board</u>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9-8-2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tian Nguyen</i>	8 Amount of Contribution \$ <i>\$2650.00</i>	9 In-kind contribution description <i>Web Design</i>
7 Contributor address; City; State; Zip Code <i>6860 Dalks Pkwy Plano, TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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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:		2 FILER NAME <i>Ben Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1-2020 to 9/22</i>		5 Payee name <i>E Canassar</i>			
6 Amount (\$) <i>200</i> <i>\$1047</i>		7 Payee address; <i>Unit 6A S. Ring Business Park</i>		City; State; Zip Code <i>Conk, Indiana</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Software Fee</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7-1 to 9-22-20</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>28</i> <i>\$682</i>		Payee address; <i>1 Hacker Way</i>		City; State; Zip Code <i>Menlo Park CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Digital Ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-14-2020</i>		Payee name <i>Frameworks</i>			
Amount (\$) <i>89</i> <i>\$811</i>		Payee address; <i>8273 Short St</i>		City; State; Zip Code <i>Frederick TX 75034</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Digital Ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 <u>Dan Stricklin</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>8-22-20</u>	5 Payee name <u>Cain's</u>	
6 Amount (\$) <u>\$149.73</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</u>	(b) Description <u>Food for Volunteers</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>8-25-2020</u>	Payee name <u>Salsa Tex-Mex</u>	
Amount (\$) <u>87.24</u>	Payee address; City; State; Zip Code <u>3245 Main St Frisco TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>	Description <u>Campaign Event</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>9-13-2020</u>	Payee name <u>Lane's</u>	
Amount (\$) <u>\$68.65</u>	Payee address; City; State; Zip Code <u>2773 E. Eldorado Little Elm, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other</u>	Description <u>Metal Sign Posts</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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Don Strickland</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-1-20 to 9-22-20</i>		5 Payee name <i>Vista print</i>			
6 Amount (\$) <i>\$911.93</i>		7 Payee address;		City;	State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(b) Description <i>Postcards + T-shirts</i>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>9-8-2020</i>		Payee name <i>First Graphic Services</i>			
Amount (\$) <i>734.02</i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Hard Signs, 4x4's</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>7-1 to 9-22-20</i>		Payee name <i>Signs on the Cheap</i>			
Amount (\$) <i>\$711.96</i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description <i>Hard Signs</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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>Don Strickley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-25-20</i>	5 Payee name <i>Tom Thomb</i>
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6 Amount (\$) <i>\$23.92</i>	7 Payee address; City; State; Zip Code <i>5550 FM 423 Frisco, TX</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <i>Bottled water</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-11-2020</i>	Payee name <i>Wendys</i>
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Amount (\$) <i>\$56.52</i>	Payee address; City; State; Zip Code <i>5622 FM 423 Frisco TX</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>Food for Volunteers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-31-20</i>	Payee name <i>UPS Store</i>
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Amount (\$) <i>70.52</i>	Payee address; City; State; Zip Code <i>5605 FM 423 Frisco TX</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Slipcovers, Printing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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>7-10-20</i>	5 Payee name <i>Tyler Earwood</i>		
6 Amount (\$) <i>\$345</i>	7 Payee address; City; State; Zip Code <i>5476 Hidden Creek Lane 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>8-10-20</i>	Payee name <i>Tyler Earwood</i>		
Amount (\$) <i>\$340</i>	Payee address; City; State; Zip Code <i>5476 Hidden Creek 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			
Date <i>9-10-20</i>	Payee name <i>Tyler Earwood</i>		
Amount (\$) <i>\$340</i>	Payee address; City; State; Zip Code <i>5476 Hidden Creek 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Don Stricklin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7-10-20</i>	<b>5</b> Payee name <i>Marky Marin</i>	
<b>6</b> Amount (\$) <i>\$400</i>	<b>7</b> Payee address; City; State; Zip Code <i>1920 Sandstone Drive Frisco TX 75036</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	
	<b>(b)</b> Description <i>Wages</i>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>8-10-20</i>	Payee name <i>Marky Marin</i>	
Amount (\$) <i>\$386</i>	Payee address; City; State; Zip Code <i>1920 Sandstone 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>9-10-20</i>	Payee name <i>Marky Marin</i>	
Amount (\$) <i>\$400</i>	Payee address; City; State; Zip Code <i>1920 Sandstone Drive Frisco Texas 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 Dan Stricklin	3 Filer ID (Ethics Commission Filers)
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4 Date 7-10-20	5 Payee name Jack Young
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6 Amount (\$) \$440	7 Payee address; 4408 Lindenwood Drive Frisco Tx 75036	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(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
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Date 8-10-20	Payee name Jack Young
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Amount (\$) \$440	Payee address; 4408 Lindenwood Drive Frisco Tx 75036	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 9-10-20	Payee name Jack Young
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Amount (\$) \$458	Payee address; 4408 Lindenwood Drive Frisco Tx 75036	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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>Don Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-10-20</i>		5 Payee name <i>Jackson Albrecht</i>			
6 Amount (\$) <i>\$438</i>		7 Payee address; <i>5813 Coral Ridge Court Frisco TX</i>		City; <i>TX</i>	State; <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>9-10-20</i>		Payee name <i>Jackson Albrecht</i>			
Amount (\$) <i>\$438</i>		Payee address; <i>5813 Coral Ridge Court Frisco TX</i>		City; <i>TX</i>	State; <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>9-10-20</i>		Payee name <i>Jackson Albrecht</i>			
Amount (\$) <i>\$438</i>		Payee address; <i>5813 Coral Ridge Court Frisco TX</i>		City; <i>TX</i>	State; <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>9-10-20</i>		Payee name <i>Jackson Albrecht</i>			
Amount (\$) <i>\$438</i>		Payee address; <i>5813 Coral Ridge Court Frisco TX</i>		City; <i>TX</i>	State; <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>7-10-20</i>		5 Payee name <i>Luke Burrell</i>			
6 Amount (\$) <i>\$407</i>		7 Payee address; <i>452 Paloverde 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					
Date <i>8-10-20</i>		Payee name <i>Luke Burrell</i>			
Amount (\$) <i>\$406</i>		Payee address; <i>452 Paloverde 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					
Date <i>9-10-20</i>		Payee name <i>Luke Burrell</i>			
Amount (\$) <i>\$406</i>		Payee address; <i>452 Paloverde 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					
Date <i>9-10-20</i>		Payee name <i>Luke Burrell</i>			
Amount (\$) <i>\$406</i>		Payee address; <i>452 Paloverde 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dan Stricklin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-10-20</i>		5 Payee name <i>Fionn McTigue</i>			
6 Amount (\$) <i>\$400</i>		7 Payee address; <i>3605 shell Ridge Drive</i>		City; <i>Frisco</i>	State; <i>Tx</i>
				Zip Code <i>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>8-10-20</i>		Payee name <i>Fionn McTigue</i>			
Amount (\$) <i>\$389</i>		Payee address; <i>3605 shell Ridge Drive</i>		City; <i>Frisco</i>	State; <i>Tx</i>
				Zip Code <i>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>9-10-20</i>		Payee name <i>Fionn McTigue</i>			
Amount (\$) <i>\$400</i>		Payee address; <i>3605 shell Ridge Drive</i>		City; <i>Frisco</i>	State; <i>Tx</i>
				Zip Code <i>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

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>7-10-20</i>	5 Payee name <i>Devesh Gurung</i>	
6 Amount (\$) <i>\$130</i>	7 Payee address; City; State; Zip Code <i>6336 Big Tree Lane Frisco TX 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		
Candidate / Officeholder name Office sought Office held		
Date <i>8-10-20</i>	Payee name <i>Devesh Gurung</i>	
Amount (\$) <i>\$131</i>	Payee address; City; State; Zip Code <i>6336 Big Tree Lane Frisco TX 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		
Candidate / Officeholder name Office sought Office held		
Date <i>9-10-20</i>	Payee name <i>Devesh Gurung</i>	
Amount (\$) <i>\$30</i>	Payee address; City; State; Zip Code <i>6336 Big Tree Lane Frisco TX 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		
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 Strickley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-10-2020</i>		5 Payee name <i>Daniel Cho</i>			
6 Amount (\$) <i>265<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>5768 Lightfoot Lane Frisco TX 75434</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>9-10-2020</i>		Payee name <i>Daniel Cho</i>			
Amount (\$) <i>260<sup>00</sup></i>		Payee address; City; State; Zip Code <i>5768 Lightfoot Lane Frisco TX 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		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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Dan Smicklin	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 7-10-20	<b>5</b> Payee name Donovan Armistead
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<b>6</b> Amount (\$) 543.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 892 Crystal Lake City; Frisco TX State; TX Zip Code 75034
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Wages
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-10-20	Payee name Donovan Armistead
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Amount (\$) 540.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 892 Crystal Lake D Frisco TX City; Frisco TX State; TX Zip Code 75034
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 9-10-2020	Payee name Donovan Armistead
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Amount (\$) 540.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 892 Crystal Lake D Frisco TX City; Frisco TX State; TX Zip Code 75034
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<b>PURPOSE OF EXPENDITURE</b>	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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Don Stricklin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8-10-2020</i>	<b>5</b> Payee name <i>Daniel Cho</i>	
<b>6</b> Amount (\$) <i>273.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>5768 1/2 St + Fort Lane Frisco TX 75034</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	<b>(b)</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		