CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	P	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE; ZIP CODE	RE	CEIVED
OFFICEHOLDER MAILING ADDRESS		Petersburg	7h PL	APR	012021 17PHA-C
Change of Address	trisca	0/X 7503	35	·	ETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(972)	214-4667	EXTENSION 7	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	# Arman L	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Deans	Schade	_	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S Peters bur 10 T x 75 0		STATE;	ZIP CODE
(Residence or Business)	Frisc	0Tx 750	35		·
8 CAMPAIGN TREASURER PHONE	AREA CODE (630)	2/0 -/70/	EXTENSION		
	(0)	710 -1701			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day aft treasurer ap (Officeholde	
4	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	62	108 / 2021	THROUGH 04/	101/20	21
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day 05 / 01 /	Year Primary General	Description	Frisco Cit	Ly Election
12 OFFICE	OFFICE HELD (if any)	•	13 OFFICE SOUGHT (if known	n)	
			Frisco City Con	encil Pla	ce 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES N ES MAY HAVE BEEN MADE WITHOUT THE CANI DIRED TO REPORT THIS INFORMATION ONLY IF T	NADE BY POLITICAL CON DIDATE'S OR OFFICEHOL	MMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS		
		GO TO	PAGE 2		
		55 10			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	mathan Perry Schade	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,095
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2095.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1914.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	14 0/1	
	Signature of Cano	didate or Officeholder
	Please complete either option below:	
(1) Affidavit	HOLLY MCCALL Notary Public, State of Texas Comm. Expires 12-21-2024 Notary ID 130940259	
NOTARY STAMP/SEA	NL O o l	15+ 1001
1	before me by Jonathan P. Schade this the	day of April,
20 1, to certify	which, witness my hand and seal of office. Holly McCall p	ublic notary
Signature of officer administ		Title of officer administering oath
(2) Unawara Daglarat	OR	
(2) Unsworn Declarat		
My name is	, and my date of birth is _	·
My address is	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of, on theday of(month)	
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Jonathan Perry Schade	20 Filer ID (Ethics Commission	on Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2	2095,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	us \$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$	1914.74
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	. FUNDS \$ 2	10.07
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICA	L CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	BUTIONS RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jonathan Penny Schade	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 2/12/21 Kathleen P. Schade 6 Contributor address; City; State; Zip Code 7752 Petersburgh Place, Frisco, TX 75035	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Jona Han Perry Schade Contributor address; City; State; Zip Code 7752 Peters burg & Place, Frisce, TX 75035	Amount of contribution (\$) 550000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Dohn Perry Contributor address; City; State; Zip Code 2221 W 200 N Provo Wah 84601	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 3/1/2/ Jonathan Perry Schade Contributor address; City; State; Zip Code 7.752 Petans burgh Place, Frisco, TX 75035	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	5 Full name of contributor out-of-state PAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Full name of contributor out-of-state PACE Renec Flash 6 Contributor address; City; 166 Quart Creek Dr Hurrk	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	Full name of contributor out-of-state PACE Patricla Garoute Contributor address; City; 11 N 324 Rener Dr. Egin; Dation / Job title (See Instructions)		Amount of contribution (\$)
Date 3/12 .	Elissa Bunker		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 3/1-3	Kathley P. Schade	State; Zip Code Frisco, TX 78035	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jonathan Perry Schade	3 Filer ID (Ethics Commission Filers)
4 Date 02\24\2)	5 Full name of contributor out-of-state PAC (ID#: Jonethan Perry Schade 6 Contributor address; City; State; Z 7752 Peters burgh PL Frisco Tx 75	10.00
8 Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (4)
02\24\21	Carin Fisher Young Contributor address; City; State; Z 901 S. Main Street Yorkville IL 6	
Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zi	
Principal occup	eation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zi	
Principal occup	eation / Job title (See Instructions) Employe	r (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.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing B	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
4. Tital manage Cabadula Edi			3 Filer ID (Ethic	s Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME Jonathan Perry	Schade	J Her ID (Lunc	3 00111111331011 1 11013/
4 Date	5 Payee name			
02\/8\2/ 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
309.48	40 Namal Tel Aviv St.	reet TelA	WV L3	6701101
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website/h	osting/te	enplate
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02\21\21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 10.00	1 Hacher Way	Merlo Park	L CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Faceboo	hads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02\23\21	Vista Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 116.42	95 Hayden Avenue	Lexington	Mass	02421
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	5x7 P	Pess Alon	g Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date (2) 24 \ 2/ 6 Amount (\$)	5 Payee name WIX.COM		
6 Amount (\$)	7 Payee address; 40 Namal Tel Aviv Sti	city; ree + Te/A	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING Banking	(b) Description Paymen	t Processor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/01/21	Carin Fisher Your	1	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 250,00	901 S. Mainstreet Y	orhville f	IL 60560
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Onsulfing Check if travel outside of Texas. Complete Schedule T.		Ac design in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
03/01/21	Big Frog Custon 1-	Shirts	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 219.43	4280 Main Street # 450	Frisco	TX 75033
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	T-Sh	rits
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District **Printing Expense** Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 03\13\2] 6 Amount (\$) Zip Code Hacher Way Mer/o Park CA 94025 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook 0315121 City; Zip Code 1 Hacher Way Merlo Park CA 94025 Category (See Categories listed at the top of this schedule) Description \$6.36 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 031/6\21 Amount (\$) Zip Code 9410 Dallas Phwy Insco TX \$ 156.96 **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	omplete this form. Other (enter a category not provided in the category n	ot listed above)
1 Total pages Schedule F1:	2 FILER NAME Jonathan Perry Sc	hade 3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name Depot Frisco		
03\20\2/ 6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$ 10.07	5995 W Fldorado H		5033
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Stahes to hold sign	15
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Off	ïce held
Date	Payee name		
03\24\21	Wix.com		
Amount (\$)	Payee address;	City; State;	Zip Code
\$12.99	40 Nane/Tel Aviv st	Tel AVIV L3 67	01101
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	accounting / Banking	Payment Proces	sor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Off	ice held
Date	Payee name		ε
03\24\21	Signarama		
Amount (\$)	Payee address;	City; State;	Zip Code
\$ 377.17	9410 Dallas Pkwy #	-160 Frisco Tx 75	033
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Of	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political	I Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Josethan Perry Scho	3 Filer ID (Ethics Commission Filers)
4 Date 27 0 3 \ 2 3 \ 2 3	5 Payee name Fanzz	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$35.70	2601 Preston Road SP2	2120 Frisco TX 75034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expuse	Hatandelothes
	(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	Payee name	
63130121	Signarana	
Amount (\$)	Payee address;	City; State; Zip Code
\$377.17	9410 Dallas Pkwy #16	o Frisco TX 75033
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Yurd 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	Payee name	
03118121	Facebook	
Amount (\$)	Payee address;	City; State; Zip Code
\$10.00	1 Hacher way	Tenlo Park CA 94025
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ads
	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 PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

		EXPENI	DITURE CATE	GORIES	FOR B	OX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage I Gift/Awards/Mer Legal Services The Instruct		Office Ov Polling E Printing E Salaries/	verhead/Re xpense Expense Wages/Co	eimbursement ental Expense entract Labor et this form.	Transport Travel In Travel Ou	District It Of District	g Expense nent & Related Exp y not listed above)	

1 Total pages Schedule G:	2 FILER NAM	athan	Perry	Sch	rde		3 Filer	ID (Ethics	Commission File	ers)
4 Date	5 Payee nam	ne				-				
03122121	Hon	e Dej	of F	-156	9					
6 Amount (\$)	7 Payee add	ress;				City;		State;	Zip Code	
10.07				Δ.						
Reimbursement from political contributions intended	5995	5 WE	Idorado	Phi	Y	Frisca	. 7	X	15 033	•
8 PURPOSE OF	1.1	1	sted at the top of this	schedule)	(b) De	escription	2 6.1	11 51	19 5	
EXPENDITURE	TOVE	tisian	A pers	>C		/ -962/	-1-7			
	(c) C	heck if travel outside	of Texas. Complete So	chedule T.		Check if Austir	, TX, officeho	older living ex	pense	
0	Candida	ate / Officehol	der name		Office	sought			Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Cariulua	ate / Officerior	del fiame		Onice .					
Date	Payee nam	10				,				
02 108 121			Perry	Se	hac	-				
Amount (\$)	Payee add		/			City;		State;	Zip Code	
200.00						-		-		
Reimbursement from political contributions intended	775	2 Pe	ters bur	gh F]	Frisco		/ x 7	75035	
	Category	(See Categories li	sted at the top of this	schedule)	De	escription				
PURPOSE	1	111	00 1 11			1	1 7	-1	-	
OF	Card	date lot	tice holde		Vit	1 (Bune	I + I	1/199	tee	
EXPENDITURE		1041 70	7700		~ -/	7 000000				
		neck if travel outside	e of Texas. Complete S	criedule 1.		Check if Austi	i, ix, officer	older livilig e		
Complete ONLY if direct expenditure to benefit C/C		ate / Officehol	der name		Office :	sought			Office held	
Data	Dove n									
Date	Payee nam	ie 								
Amount (\$)	Payee add	lress;				City;		State;	Zip Code	
Reimbursement from political contributions intended										
PURPOSE OF	Category	(See Categories li	sted at the top of this	schedule)	De	escription				
EXPENDITURE										
20 20 20 20 20 20 20 20 20 20 20 20 20 2		Check if travel outside	e of Texas. Complete S	chedule T		Check if Austin	n. TX. officeh	older livina e	xpense	
							., .,, omosii			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officehol	der name		Office	sought			Office held	
	ATTA	CH ADDITIO	NAL COPIES (OF THIS S	CHEDU	JLE AS NEED	DED			