

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

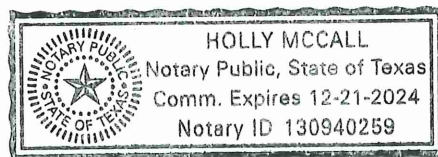
15 C/OH NAME <u>Jonathan Perry Schade</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>27095</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2095.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1914.74</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>175.99</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jonathan P. Schade this the 1st day of April, 20 21, to certify which, witness my hand and seal of office.
Holly McCall Holly McCall public notary
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) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jonathan Perry Schade</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>2095.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>1914.74</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>210.07</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

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: 3
2 FILER NAME <i>Jonathan Perry Schade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen P. Schade</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>7752 Petersburg Place, Frisco, TX 75035</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Perry Schade</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>7752 Petersburg Place, Frisco, TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Perry</i>	Amount of contribution (\$) <i>\$500.00</i> <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>2221 W 200 N Provo Utah 84601</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Perry Schade</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>7752 Petersburg Place, Frisco, TX 75035</i>		
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

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 <i>Jonathan Perry Schade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renee Flash</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>166 Quail Creek Dr Hurricane UT 84737</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Garoutte</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>11 N 324 Renee Dr, Elgin, IL 60124</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elissa Bunker</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5011 Moss Creek Lane, Frisco, TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen P. Schade</i>	Amount of contribution (\$) <i>\$700.00</i>
Contributor address; City; State; Zip Code <i>7752 Petersburg Place, Frisco, TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 <i>Jonathan Perry Schade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/24/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Perry Schade</i> <hr/> 6 Contributor address; City; State; Zip Code <i>7752 Petersburg PL Frisco TX 75035</i>	7 Amount of contribution (\$) <i>\$ 10.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>02/24/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carin Fisher Young</i> <hr/> Contributor address; City; State; Zip Code <i>901 S. Main Street Yorkville TX 60560</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Jonathan Perry Schade	3 Filer ID (Ethics Commission Filers)
4 Date 02\18\21	5 Payee name WIX.COM	
6 Amount (\$) 309.48	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv street Tel Aviv L3 6701101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website/hosting/template
	(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 02\21\21	Payee name Facebook	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacher Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook ads
	<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 02\23\21	Payee name Vista Print	
Amount (\$) \$116.42	Payee address; City; State; Zip Code 95 Hayden Avenue Lexington Mass 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 5x7 Pass Along Cards
	<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

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
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		3 Filer ID (Ethics Commission Filers)	
4 Date 02\24\21		5 Payee name Wix.com			
6 Amount (\$) \$12.99		7 Payee address; City; State; Zip Code 40 N Main Tel Aviv street Tel Aviv L3 6701101			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking Advertising		(b) Description Payment Processor		
	(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 03\01\21		Payee name Carin Fisher Young			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 901 S. Mainstreet Yorkville IL 60560			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Website design		
	<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 03\01\21		Payee name Big Frog Custom T-Shirts			
Amount (\$) \$219.43		Payee address; City; State; Zip Code 4280 Main Street #450 Frisco TX 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description T-Shirts		
	<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

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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		3 Filer ID (Ethics Commission Filers)	
4 Date 03\13\21		5 Payee name Facebook			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 1 Hacher Way Menlo Park CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads		
	(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 03\15\21		Payee name Facebook			
Amount (\$) \$6.36		Payee address; City; State; Zip Code 1 Hacher Way Menlo Park CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook Ads		
	<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 03\18\21		Payee name Signarama Frisco			
Amount (\$) \$156.96		Payee address; City; State; Zip Code 9410 Dallas Phwy Frisco Tx 75033			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs		
	<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

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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>Jonathan Perry Schade</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03\20\21</i>		5 Payee name <i>Home Depot Frisco</i>			
6 Amount (\$) <i>\$10.07</i>		7 Payee address; City; State; Zip Code <i>5995 W Eldorado Pkwy Frisco TX 75033</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>stakes to hold signs</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>03\24\21</i>		Payee name <i>Wix.com</i>			
Amount (\$) <i>\$12.99</i>		Payee address; City; State; Zip Code <i>40 Nana / Tel Aviv st Tel Aviv L3 6701101</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>accounting / Banking</i>		Description <i>Payment Processor</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>03\24\21</i>		Payee name <i>Signarama</i>			
Amount (\$) <i>\$377.17</i>		Payee address; City; State; Zip Code <i>9410 Dallas Pkwy #160 Frisco Tx 75033</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Yard 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

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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>Jonathan Perry Schade</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/27/21</i>	5 Payee name <i>Fanzz</i>	
6 Amount (\$) <i>\$35.70</i>	7 Payee address; City; State; Zip Code <i>2601 Preston Road SP2120 Frisco TX 75034</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Hat and clothes</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>03/30/21</i>	Payee name <i>Signarama</i>	
Amount (\$) <i>\$377.17</i>	Payee address; City; State; Zip Code <i>9410 Dallas Pkwy #160 Frisco TX 75033</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard 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

Date <i>03/18/21</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$10.00</i>	Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Facebook 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 PERSONAL FUNDS

SCHEDULE G

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
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 G: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Jonathan Perry Schade</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">03/22/21</div>	5 Payee name <div style="font-size: 1.2em;">Home Depot Frisco</div>	
6 Amount (\$) <div style="font-size: 1.2em;">10.07</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">5495 W Eldorado Pkwy Frisco TX 75033</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	(b) Description <div style="font-size: 1.2em;">Stakes to hold signs</div>
	(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 <div style="font-size: 1.2em;">02/08/21</div>	Payee name <div style="font-size: 1.2em;">Jonathan Perry Schade</div>	
Amount (\$) <div style="font-size: 1.2em;">200.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">7752 Petersburg Pl Frisco TX 75035</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Candidate/Officeholder</div>	Description <div style="font-size: 1.2em;">City Council Filing Fee</div>
	<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	
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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED