

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: <div style="font-size: 24pt; text-align: center;">19</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Angelia	MI E
	NICKNAME	LAST Pelham	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11323 Lenox Lane Frisco TX 75033		
	AREA CODE PHONE NUMBER EXTENSION (214) 878-3746		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mrs.	FIRST Wendi	MI W
	NICKNAME	LAST McGowan-Ellis	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4941 Kessler Drive Frisco TX 75033		
	AREA CODE PHONE NUMBER EXTENSION (214) 212-4055		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED		
	Month Day Year THROUGH Month Day Year 1 / 1 / 21 THROUGH 3 / 22 / 21		
9 REPORT TYPE	11 ELECTION		
	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary Runoff Other Description 5 / 1 / 21 General Special _____		
10 PERIOD COVERED	12 OFFICE		
	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NA Frisco City Council Place 3		
11 ELECTION	14 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	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

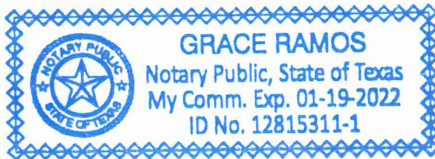
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Angelia E Pelham		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,110
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,315.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ N/A
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

Angelia Pelham
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angelia Pelham this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Grace Ramos Grace Ramos NOTARY PUBLIC
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 Angelia E Pelham	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,110
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,315.46
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 12
2 FILER NAME Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/21	5 Full name of contributor out-of-state PAC (ID#: Jan Thornburn	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code jan.thornburn@atl.net		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/13/21	Full name of contributor out-of-state PAC (ID#: Shermie Young	Amount of contribution (\$) \$20
Contributor address; City; State; Zip Code sharmour12@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/21	Full name of contributor out-of-state PAC (ID#: Arlene Green	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code arleneg2014@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/21	Full name of contributor out-of-state PAC (ID#: Barbara Fasola	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code priscillas@careington.com		
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: 12
2 FILER NAME Angelia E Pelham		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/21	5 Full name of contributor out-of-state PAC (ID#: Karuna Thomas	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code Kannupai@gmail.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/14/21	Full name of contributor out-of-state PAC (ID#: Shanthi Rajaram	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Shanthi.rajaram@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/21	Full name of contributor out-of-state PAC (ID#: James P. Hogan	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code jamespcol1@mac		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/25/21	Full name of contributor out-of-state PAC (ID#: Del & Ann Harris	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2745 Montreaux Dr. 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

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/21

5 Full name of contributor

out-of-state PAC (ID#:

Dono & Angelia Pelham

7 Amount of contribution (\$)

\$600

6 Contributor address;

City;

State;

Zip Code

11323 Lenox Ln Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/21

Full name of contributor

out-of-state PAC (ID#:

Nedra & Jim Williams

Amount of contribution (\$)

\$3000

Contributor address;

City;

State;

Zip Code

3052 Seneca Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/21

Full name of contributor

out-of-state PAC (ID#:

James Hutchins

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

jmhutchins2007@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/21

Full name of contributor

out-of-state PAC (ID#:

Adrienne Mosley

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

adrienne_brown@sbcglobal.net

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/21

5 Full name of contributor

Jan Richey

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1000

6 Contributor address;

City;

State;

Zip Code

janrichex@kw.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/21

Full name of contributor

Sam & Judy Roach

out-of-state PAC (ID#)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

Samroach@flash.net

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/21

Full name of contributor

Eric Williams

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

eric.golf316@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/21

Full name of contributor

Pamela Pringle

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

pamela@pringlevascular1.com

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/21

5 Full name of contributor

Barbara Fasola

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 1000

6 Contributor address;

City;

State;

Zip Code

priscillas@careington.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/21

Full name of contributor

Mary Robinson

out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

rgmhr@aol.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/21

Full name of contributor

Mary Von Ahnen

out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

maryvonahnen@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/21

Full name of contributor

Psyche Terry

out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 200

Contributor address;

City;

State;

Zip Code

psyche@wiglobalbrands.com

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/21

5 Full name of contributor

Mary Carroll

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

mbcarroll01@att.net

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/21

Full name of contributor

Moniso Saygbay-Hallie

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

moniso007@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/21

Full name of contributor

Scott Boxer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

scott.boxer@smartventureslp.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/21

Full name of contributor

Angelia Pelham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

angelia.pelham01@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/21

5 Full name of contributor

Dwana Frank

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

dwanafrank@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/21

Full name of contributor

Reginald Taylor

out-of-state PAC (ID#:

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

reginald.taylor2@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

Sylvester Spann

out-of-state PAC (ID#:

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

sspann11@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

Rhonda Bell

out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

reneerb17@gmail.com

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/21

5 Full name of contributor

Ivy Sun

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State; Zip Code

sitedu@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/21

Full name of contributor

Lisa Perry

out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City;

State; Zip Code

lisaperrybeauty@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

Bonita Forris

out-of-state PAC (ID#:

Amount of contribution (\$)

\$20

Contributor address;

City;

State; Zip Code

bforris.3@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

Purvis Bell

out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State; Zip Code

purvisbell@gmail.com

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/21

5 Full name of contributor

out-of-state PAC (ID#:

Kedah Shabazz

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

Kedahtopproducer@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/21

Full name of contributor

out-of-state PAC (ID#:

Earnest Morgan

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

earnestb50013@icloud.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/21

Full name of contributor

out-of-state PAC (ID#:

Earnest Morgan

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

earnestb50013@icloud.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

out-of-state PAC (ID#:

Juline Mathe

Amount of contribution (\$)

\$50.

Contributor address;

City;

State;

Zip Code

reneesjerkchicken@gmail.com

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:

12

2 FILER NAME

Angelia E Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/21

5 Full name of contributor

Juline Mathe

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

reneesjerkchicken@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/21

Full name of contributor

Robin Bennette

out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

robin.bennette@raonline.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/21

Full name of contributor

Leslie & John Keating

out-of-state PAC (ID#:

Amount of contribution (\$)

\$1000

Contributor address;

City;

State;

Zip Code

3649 Silver Oaks Ln Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/21

Full name of contributor

Jordan Villarreal

out-of-state PAC (ID#:

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

jordan.villarreal96@gmail.com

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: 12
2 FILER NAME Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Krystal Sanders <hr/> 6 Contributor address; City; State; Zip Code ksanderspierce@collin.edu	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/21	Full name of contributor out-of-state PAC (ID#: _____) Daphne Brazil <hr/> Contributor address; City; State; Zip Code daphnescraps@yahoo.com	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/21	Full name of contributor out-of-state PAC (ID#: _____) Joseph Hansen <hr/> Contributor address; City; State; Zip Code joe.hansen@yahoo.com	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/21	Full name of contributor out-of-state PAC (ID#: _____) Kristal Watkins <hr/> Contributor address; City; State; Zip Code dreKris2017@gmail.com	Amount of contribution (\$) \$100
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:

12

2 FILER NAME

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Paula Stephens

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

pdsfrisco@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <div>1</div>	
2 FILER NAME Angelia Pelham		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilby Apartments 7 Contributor address; City; State; Zip Code 8455 Grace Street Frisco TX 75034	8 Amount of Contribution \$ 150.00 Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Meeting Space
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
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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		2 FILER NAME Angelia E Pelham		3 Filer ID (Ethics Commission Filers)	
4 Date 02/09/2021		5 Payee name Kubo Creative Group			
6 Amount (\$) 650.00		7 Payee address; City; State; Zip Code 3725 Remington Dr. Carrollton TX 75007			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Web Design/Content Management		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 02/12/2021		Payee name Style Publishing Group LLC			
Amount (\$) 720.00		Payee address; City; State; Zip Code PO Box 1676 Frisco, TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Magazine Ad		
	Check if travel outside of Texas. Complete Schedule T. 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 02/08/2021		Tarrant County Signs Tarrant County Signs			
Amount (\$) 150.00		Payee address; City; State; Zip Code 1510 Valleywood Trl Mansfield TX 76063			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign Placement		
	Check if travel outside of Texas. Complete Schedule T. 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

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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	2 FILER NAME Angelica E Pelham	3 Filer ID (Ethics Commission Filers)
4 Date 1/26/21	5 Payee name Tarrant County Signs	
6 Amount (\$) 2219.13	7 Payee address; City; State; Zip Code 1510 Valleywood Trl Mansfield TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Placement
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/26/21	Payee name Mulhollands	
Amount (\$) 3,112.19	Payee address; City; State; Zip Code PO Box 470697 FT Worth TX 76147	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description street/yard signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/17/21	Payee name Mulhollands	
Amount (\$) 464.14	Payee address; City; State; Zip Code PO Box 470697	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts/ Replacement Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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	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 G: 1	2 FILER NAME Angelia Pelham	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2021	5 Payee name Stroke of Genius Media LLC	
6 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 405 Knoll Park Ct McKinney TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Video Editing
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/21/2021	Payee name YT AD Service	
Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2340 E. Trinity Mills Rd, Suite 300 Carrollton TX 75006 YouTube Video Marketing	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. 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 (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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