CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 23 3 CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Angelia Ε Mrs NAME Date Received NICKNAME LAST SUFFIX Pelham RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 11323 Lenox Lane Frisco TX 75033 APR 2 2 2021 **MAILING** 11:01 AM . A-C **ADDRESS CITY SECRETARY'S OFFICE** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 878-3746 PHONE Receipt # Amount \$ FIRST MS / MRS / MR МΙ 6 CAMPAIGN **TREASURER** Wendi Mrs.W Date Processed NAME NICKNAME LAST SUFFIX Date Imaged McGowan-Ellis STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 7 CAMPAIGN ZIP CODE **TREASURER** 4941 Kessler Drive Frisco TX 75033 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 212-4055 (214 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD **COVERED** 21 / 21 23 / 21 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description Runoff Month Day Year Special General 21 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Frisco City Council Place 3 NA 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Avgel	a Pelham		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTF	TEES OF LOANS, OR	N \$	D
2.	TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS		\$	13,620
EXPENDITURE TOTALS 3.	TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	0
4.	TOTAL POLITICAL EXPENDIT	URES	\$	10,907,57
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	AST DAY \$	2712.43
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A		S \$	Ø
	or affirm, under penalty of perjury, that be reported by me under Title 15, Elec		ue and correct	and includes all information
		Signature of C	eandidate or O	 fficeholder
	Please comple	ete either option below	w:	
(1) Affidavit	Notary Public STATE OF TEXAS SOTARY ID# 13070242-6 Court, Exp. June 20, 2024			
NOTARY STAMP/SEAL	Λ		ا م	
	me by Anyelia Pelh	½/∕∕ this the	, <u>22,19</u> da	y of April,
20 21 , to certify which,	witness my hand and seal of office. C1coffray Egile	• • •	1/51-10	0.51.7
Signature of officer administering oath	Printed name of office		Title	of officer administering oath
And Bridge Spring		OR .		经有限的工作
(2) Unsworn Declaration				
My name is		, and my date of birth i	s	
My address is			,	
Format dis	(street)	3. 6.6		code) (country)
Executed in	County, State of	, on the day of (mon	th)	(year)
		Signature of Cand	lidate/Officeholo	ler (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nission Filers)	
	Angelia Pelham		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,620.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø.
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 10,907.57
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1147.50
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ \$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 741.51
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ Ø

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 Angelia Po	elham	3 Filer ID (Ethics Commission Filers)			
4 Date 4/22/21	5 Full name of contributor out-of-state PAC (ID#:_ Jeff Brawner 6 Contributor address; City; Sta 4344 San Carlos St Da		7 Amount of contribution (\$) \$250.00		
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)		
4/22/21	RJGrogen Contributor address; City; Sta 6331 De6co Dr Dallas	ite; Zip Code TX 75225	\$250.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date)	Amount of contribution (\$)		
4/22/21	Colin Fitzgibbons contributor address; Gity; Sta 6946 Southridge Dr Da	te; Zip Code	\$500 4		
Principal occup		Employer (See Instructi			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)		
4/22/21	m	xte; Zip Code X 75024	\$500		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	Angelia Pelham		3 Filer ID (Ethics Commission Filers)		
4 Date		: (ID#:)	7 Amount of contribution (\$)		
4/22/21	William & Mimi Vanders 6 Contributor address; City; 3509 Bryn Mawr Dr.	straaten State; zip Code Dallas TX 75225	\$500		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
4/22/21	Christopher Kleiner contributor address; city; 5909 Steubenct. Dallas	State; Zip Code	\$500		
	pation / Job title (See Instructions)				
Timolpai occup	valion / Job little (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
4/22/21	Philip Rose Contributor address; City; 6853 Merrilee Ln Da	State; Zip Code	\$1500		
	pation / Job title (See Instructions)	Employer (See Instructi			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / 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.

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	a Pelnam	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
4/17/21	6 Contributor address; City; State; Zip Co	
8 Principal occu	•	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
111.01 -	Bar bara Walter Contributor address; City; State; Zip C	(00)
4/18/21	bawalter 31@msn,com	
Principal occu	pation / Job title (See Instructions) Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
16)	Contributor address; City; State; Zip Co	11000
4/18/21	Sheriocasey@gmail.com	
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
) [] (Tuline Mathe Contributor address; City; State; Zip Co	ф200
9/20/21	reneesjerkchicken@gmailco	m
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	igelia Pelham			3 Filer ID (Ethics Commission Filers)	
4 Date 4 11 2 8 Principal occur	Full name of contributor Karena Rick 6 Contributor address; Vesok 767 26 y pation / Job title (See Instruction	Abram city: ahoo, Com	State; Zip Code 9 Employer (See Instruc	7 Amount of contribution (\$) \$ 1000 tions)	
Date HIII Z	CS Cottor a	wford @gr	State; Zip Code	Amount of contribution (\$)	
- mapar occup	eation / Job title (See Instructions	5)	Employer (See Instruct	ions)	
Date 4/13/21 Principal occup	Full name of contributor Ed Kelly Contributor address; Ed Kelly 0999 ation / Job title (See Instructions	out-of-state PAC City; QYANOO	State; Zip Code	Amount of contribution (\$)	
Date 4/14/21	Full name of contributor KAPEN Whi Contributor address; DQSISACCE	out-of-state PAC (FC City;	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)			Employer (See Instructi	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The	Instruction Guide explains h	ow to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	relia Pelham			3 Filer ID (Ethics Commission Filers)
4 Date 4/10/21	5 Full name of contributor DDS SpinCe 6 Contributor address;		C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$250
	DSPENCER 1 @ pation / Job title (See Instruction	yahod.cor		
	pation / 500 title (See Instruction	ns)	9 Employer (See Instruc	tions)
Date	Full name of contributor ANHONY Ky	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
4/10/21	Anthony Ky Contributor address; ant Kyles Qgr	city;	State; Zip Code	\$300
Principal occup	pation / Job title (See Instruction		Employer (See Instruct	tions)
110/21	Full name of contributor Charles To Contributor address; CHOULSON W	uson city; nd@alpha	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions	s)	Employer (See Instruct	ions)
Principal occup	Full name of contributor LOUIS BURY Contributor address; NIBURYELL3 @ ation / Job title (See Instructions	city; Sbogloba	State; Zip Code	Amount of contribution (\$) \$\square{500}\$ ions)
	ATTACH ADD	ITIONAL COPIES C	OF THIS SCHEDULE AS NE	EEDED

SCHEDULE A1

The	Instruction Guide explains how t	o complete this form.	1 Total pages Schedule A1:
FILER NAME	clia Pelham		3 Filer ID (Ethics Commission Filers)
H9/21	5 Full name of contributor Advictine Gra 6 Contributor address; Advictine green	out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	9 Employer (See Inst	ructions)
Date 4/9/2/	Full name of contributor Lisa & Kent Mo Contributor address; Allabout family	out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Insti	ructions)
Date 4/9/21	Full name of contributor Kenneth Fvan Contributor address; Kenny, fvanka	out-of-state PAC (ID#:	Amount of contribution (\$) \$500
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	ructions)
Date	Full name of contributor IVOY JOHNSON Contributor address; HICPAGAOL ation / Job title (See Instructions)	out-of-state PAC (ID#:) City; State; Zip Code COM Employer (See Instr	Amount of contribution (\$) \$ 200 uctions)

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Revised 8/17/2020

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	Angelia Pelham	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$200
4/9/21	6 Contributor address; City; State; Zip C Mark Will 89 @ Yahoo . Com	ode
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	, c. co (+)
4/9/21	Dawn Malveaux Contributor address; City; State; Zip C dmalveaux 214@5bcglobal	16500
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	(1)
4/9/21	Grady Searcy contributor address; city; state; zip c grady searcy @ att. net	ode
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
4/9/21	William Langford contributor address; State; Zip Co Wlangford 8 6 QatLnet	D
Principal occup	pation / Job title (See Instructions) Employer (S	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 A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date 419121	5 Full name of contributor out-of-state PAC OCTAVIA Reed 6 Contributor address; City; VINITAVLED AGMAN	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
4/9/21	Contributor address; City;	State; Zip Code	\$100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/9/21	Full name of contributor out-of-state PAC Keena Arias Contributor address; City; Kewarias 15@Smail.	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1921 Principal occup	Full name of contributor Venny Carter Contributor address; City; Kbcarter Jr @ yahoo C ation / Job title (See Instructions)	State; Zip Code	Amount of contribution (\$) 450
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru		

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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	1 Total pages Schedule A1:			
2 FILER NAME	gelia Pelham		3 Filer ID (Ethics Commission Filers)		
4 Date 4/9/2/	5 Full name of contributor out-of-state PACTIVINA Walters 6 Contributor address; City; + W 103@ Yahoo.Com		7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date 4/1/21	Full name of contributor out-of-state PACE ANNEST MOVGAN: Contributor address; City; CONTRIBUTION CONTRIBUT	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
419121	NIXICI Harper Contributor address; City; Hegusen 2019@gmail(State; Zip Code	5100		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 419121	Full name of contributor out-of-state PAC Trinetle Landry Contributor address; City; Emlandry 2 Egmail (State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL CODIES O	OF THIS SOUPPING AS AN			

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

SCHEDULE A1

mails requested information is not applicable, bo NOT include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	ngelia Pelham		3 Filer ID (Ethics Commission Filers)		
4 Date 4/11/21	5 Full name of contributor out-of-state PAGE James Lewis 6 Contributor address; City; Lewismarketing Qaol,	7 Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date 4/3/21	Full name of contributor out-of-state PACE Wenderlyn Hunter Contributor address; City; Whunter 2975@gma	State; Zip Code	Amount of contribution (\$)		
	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date 4/1/2)	Full name of contributor out-of-state PAC Mary Martha Stinnett Contributor address; City; 11922 Salisbury Dr Fr	State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct			
Date 4/4/21	Full name of contributor out-of-state PAC Sandra Hayes Contributor address; City; Shayes 9624@ aol.con	State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	tions)			
	ATTACH ADDITIONAL COPIES C				
	If contributor is out-of-state PAC, please see Instru	uction guide for additional r	eporting requirements.		

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	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Angelia Pelham		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
3/23/21	6 Contributor address; City;	State; Zip Code	\$10.00	
	Kimberly broad neax (a)	itt.net		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	MIRKI HARDER		\$100	
3/23/1	Contributor address; City;	State; Zip Code		
100/21	NIKKI HARPER Contributor address; City; HICQUEEN 2019@GMail.C	om		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			iions)	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
3/23/21	LaTanya Gamble		\$100	
9/25/21		State; Zip Code	, , , ,	
	Idgamble66@gmail.co	m		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	·			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/30/21	Sem Habtemariam		\$20	
0/00/21	Contributor address; City;	State; Zip Code	+ 200	
	Semhabte agmail.con	\cap		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	ngelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Data		C (ID#:)	7 Amount of contribution (\$)
3/31/21	Full name of contributor Krystal Sanders 6 Contributor address; City; KSanderspierce@collipation / Job title (See Instructions)	State; Zip Code	\$50,00
	Ksanderspierce@coll	in,edu	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/1/21	Donny Churchman Contributor address; City;		\$1,000.00
	donny@nackdevelopn	rent, com	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/1/21	Contributor address; City;	State; Zip Code	\$50.00
	the clardy@aol.com		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
4/1/21	Sherice Farha Contributor address; City;	State; Zip Code	\$100
	SSfarha@gmail.com		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (1 11	•

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:		
² FILER NAME Angelia P			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:) Dotty Bollner 7 Contributor address; City; State; Zip Code 4745 Star Ridge Lane Frisco TX 75034		8 Amount of Contribution \$ 200.00	9 In-kind contribution description Meet & Greet	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	L er (FOR NON-JUDICI.		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Date Full name of contributor out-of-state PAC (ID#:) Debbie Manos Contributor address; City; State; Zip Code 3181 Seneca Drive Frisco TX 75034		Amount of In-kind contribution description Meet & Greet		
			Check if travel outside of Texas. Complete Schedule 7		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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.

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category	/ not listed above)
1 Total pages Schedule F1:	Angelia Pelham		3 Filer ID (Ethics	Commission Filers)
4 Date 3 30 2	5 Payee name Style Publishing Group UC	,		
6 Amount (\$)	PO BOX 1676 FVISCO TX 75034	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A 4	
OF EXPENDITURE	Advertising Expense	Magazine		NA CONTRACTOR OF THE CONTRACTO
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living e	Office held
Date	Payee name			
04/06/21 Amount (\$)	Mulhollands Custom i	Printing	State;	Zip Code
108.25	PO BOX 470697 Ft Worth TX 76147	Oity,	otato,	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising	T-shirts	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
4/8/21	PREMIER BILLBOARDS			
Amount (\$)	Payee address; 1408 N. Riverfront Blvd Dallas TX 75207	#276	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	ADVERTISING	DIBITAL	BILLBOA	eD
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	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				

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete 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	Angelia Pelham		
4 Date	5 Payee name		
6 Amount (\$)	Post card Mania Payee address;	City;	
		1dg 102	State; Zip Code
720.47	Moneyanton El 3371	29104	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	(47 See See See See See See See See See Se	(b) Description	
OF EXPENDITURE	ADVERTISING	POSTRAPIS	S/POSTAGE
	(C) Check if travel outside of Texas. Complete Schedule T.	Charle if Austin	
9 Complete ONLY if direct	Candidate / Officeholder name		n, TX, officeholder living expense
expenditure to benefit C/OH	dandidate / Onicendidei name	Office sought	Office held
Date	Payee name		
111	4		
4/15/21	POSTCARD Mania	800	
Amount (\$)	Payee address;	City;	State; Zip Code
10.11	2145 Sunnydale Blyd	Bloks 100	
1241.18	2145 Sunnydale Blvd Clear water, FL 3376	25	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	A 6		
EXPENDITURE	ADVERTISING	POSTCARD	S / POSTAGE
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	The second secon	Omoo dought	Office field
Data	Barran		
Date	Payee name		
4120/21	POSTCARD Mania		
Amount (\$)	Pavee address:	City;	Olates Time On I
	2145 Sunny dale Blvd.	D) do 107	State; Zip Code
323.48	Clear Water El 3371.8	DIAG IOL	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	,	Description	
OF EXPENDITURE	ADVERTISING	POSTCARDS	100 CTARE
		PUJILIACO	1/00 IAUE
	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 S	SCHEDULE AS NEE!	DED

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 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 (orders a set see a part of the contrary of the co

Credit Card Payment	The Instruction Guide explains how to e	complete this form. Other (enter a category not listed above)	
1 Total pages Schedule F1:	1 A A	3 Filer ID (Ethics Commission Filers)	
4 Date	Angelia Pelham		
4/16/21	Premier Billboards		
6 Amount (\$)	7 Payon address:	City; State; Zip Code	
997.00	1408 N. Riverfront Bluc Dallas TX 75207	1 #276	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	A		
OF EXPENDITURE	Advertising	Digital Bill Board	
	(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	Payee name		_
4/08/21	Postcard Mania		
Amount (\$)	Payee address;	City; State; Zip Code	
894.00	2145 Sunnydale Blvd, Blo Clear water, FL 33765	dg 102	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	ADVERTISING	POSTCARDS / POSTAGE	
	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		_
bate	i ayee name		
4/9/2	Postcard Mania		
Amount (\$) "	Payee address;	City; State; Zip Code	
172.83	2145 Sunnydale Blvd 1	Bldg 102	
	Category (See Categories listed at the top of this schedule)		
PURPOSE	(Gee dategories listed at the top or this schedule)	Description	
OF EXPENDITURE	ADVERTISING	POSTCARDS / DOSTAGE	
		POSICARDS/POSTAGE	
	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 S	SCHEDULE AS NEEDED	\exists

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 Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	Angelia Pelham 5 Paveename		
4121121	POSTCARD MANIA		
6 Amount (\$)	17 Pavee address:	City;	State; Zip Code
	2145 Sunnydale Blyd	- Bldg 102	, Zip Code
1959.3D	2145 Sunnydale Blvd Clearwater FL 3376	5	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	4		
EXPENDITURE	ADVERTISING	POSTCARI	S/POSTAGE
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			100
Date	Payee name		
411, 121	V1100 11 1011		
4/16/21 Amount (\$)	KUBO MARKETING GI	20UP	
Amount (\$)	Payee address; 3725 Remington Drive Carrollton TX 75007	City;	State; Zip Code
914.00	125 Remington Drive		
11 11.00	Carrollton IX 15007		
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Antraticisa	1450	
EXPENDITURE	ADVERTISING	WEBSITE	IPDATES, MAINTENANO
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
111,212	1		
4/13/20	FEDEX		
Amount (\$)	Payee address; 5062 Main Street	City;	State; Zip Code
1212.40	Frisco TX 75034		
	Category (See Categories listed at the top of this schedule)	Donald War	
PURPOSE	30.) (1000 odiogonios nated at the top of this schedule)	Description	
OF EXPENDITURE	ADVERTISING	4	111012
		FLYERS	S/HANDOUTS
0	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 S	CHEDULE AS NEED	DED

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

Loan Repayment/Reimb resement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundralsing 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		
5	Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	·	
4/12/21	VISTAPRINT		
6 Amount (\$)	7 Payee address;	City;	
al	275 Wyman Stroot	J.y.	State; Zip Code
170,16	275 Wyman Street Waltham MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)		
PURPOSE	()	(b) Description	
OF EXPENDITURE	ADVERTISEMENT		_
ENFEMDITURE		PUSTCAR	DS
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH			Office held
Date	Payee name		
11 1			
4/20/21	Renee'S JERK CHICKEN	J	
Amount (\$)	Payee address;	City:	0
L		City,	State; Zip Code
ϕ_{300}			
	Category (See Categories listed at the 1		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF			
EXPENDITURE -	EVENT EXPENSE	FOOD FO	R AMBASSADORS
	Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct	Candidate / Officeholder name		, TX, officeholder living expense
expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
A	e e e e e e e e e e e e e e e e e e e		
Amount (\$)	Payee address;	City;	State; Zip Code
			=ip code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
		The state of the s	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Onice field
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDITIE AG MEED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)	
		s now to complete this form.		
1 Total pages Schedule F2:	Angelia Pelham		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIC	GATIONS	\$	
5 Date 4 8 2 1	6 Payee name Style Publishing G	oup UC		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
1147.50	PO BOX 1676 Frisco TX 75034	,		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING	Magazi	ne Ad	
ı	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description		
	Check if travel outside of Texas. Complete s	Schedule T. Check if Au	ustin, 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.

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:	Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/10/21	Big Frog Plane		
6 Amount (\$) 741.51 Reimbursement from political contributions intended	4505 W. Park B	Vd #312	State; Zip Code Plano TX 75093
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING	T-SHIR	TS
	(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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED