

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: 1.5em; text-align: center;">23</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs Angelia E | | OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">APR 22 2021</div> <div style="font-size: 1.1em;">11:01 AM - A-C</div> <div style="font-weight: bold;">CITY SECRETARY'S OFFICE</div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Receipt # Amount \$ </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Processed </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Imaged </div> |
| | NICKNAME LAST SUFFIX Pelham | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11323 Lenox Lane Frisco TX 75033 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 878-3746 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Wendi W | | |
| | NICKNAME LAST SUFFIX McGowan-Ellis | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4941 Kessler Drive Frisco TX 75033 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 212-4055 | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 3 / 23 / 21 THROUGH 4 / 21 / 21 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 1 / 21 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special |
| | | | |
| 12 OFFICE | OFFICE HELD (if any) NA | | 13 OFFICE SOUGHT (if known) Frisco City Council Place 3 |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | 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 | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

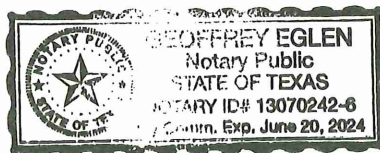
| | | |
|---|---|---|
| 15 C/OH NAME <i>Angelica Pelham</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>13,620</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>0</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>10,907.57</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>2712.43</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

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.

Angelica Pelham
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angelica Pelham this the 22nd day of April, 2021, to certify which, witness my hand and seal of office.

Geoffrey Eglen Geoffrey Eglen 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 <i>Angelica Pelham</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>13,620.00</i> |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>400.00</i> |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>Ø</i> |
| 4. | SCHEDULE E: LOANS | \$ <i>Ø</i> |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>10,907.57</i> |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>1147.50</i> |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>Ø</i> |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>741.51</i> |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>Ø</i> |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>Ø</i> |

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 4/22/21 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Brawner | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 4364 San Carlos St Dallas TX 75206 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| | | |
| Date 4/22/21 | Full name of contributor out-of-state PAC (ID#: _____) RJ Grogan | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 6331 Desco Dr Dallas TX 75225 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| Date 4/22/21 | Full name of contributor out-of-state PAC (ID#: _____) Colin Fitzgibbons | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code 6946 Southridge Dr Dallas TX 75214 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| Date 4/22/21 | Full name of contributor out-of-state PAC (ID#: _____) Fehmi Karahan | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code 7200 Bishop Rd Plano TX 75024 | | |
| 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 4/22/21 | 5 Full name of contributor out-of-state PAC (ID#: William & Mimi Vanderstraaten 6 Contributor address; City; State; Zip Code 3509 Bryn Mawr Dr. Dallas TX 75225 | 7 Amount of contribution (\$) \$500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/22/21 | Full name of contributor out-of-state PAC (ID#: Christopher Kleinert Contributor address; City; State; Zip Code 5909 Steuben Ct. Dallas TX 75248 | Amount of contribution (\$) \$500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/22/21 | Full name of contributor out-of-state PAC (ID#: Philip Rose Contributor address; City; State; Zip Code 6853 Merrilee Ln Dallas TX 75214 | Amount of contribution (\$) \$1500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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

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| | | |
|---|---|---|
| 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 4/17/21 | 5 Full name of contributor out-of-state PAC (ID#: _____) Dean Jones | 7 Amount of contribution (\$) \$100 |
| 6 Contributor address; City; State; Zip Code dean2318@att.net | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/18/21 | Full name of contributor out-of-state PAC (ID#: _____) Barbara Walter | Amount of contribution (\$) \$50 |
| Contributor address; City; State; Zip Code ba.walter31@msn.com | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/18/21 | Full name of contributor out-of-state PAC (ID#: _____) Sheri Casey | Amount of contribution (\$) \$1000 |
| Contributor address; City; State; Zip Code sheri.casey@gmail.com | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/20/21 | Full name of contributor out-of-state PAC (ID#: _____) Juline Mathe | Amount of contribution (\$) \$200 |
| 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

Angelica Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/21

5 Full name of contributor

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

Karen & Rick Abram

7 Amount of contribution (\$)

\$1000

6 Contributor address;

City;

State;

Zip Code

resok76r2@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/21

Full name of contributor

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

Chris Crawford

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

cscoffercrawford@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/21

Full name of contributor

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

Ed Kelly

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

edkelly0999@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/21

Full name of contributor

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

Karen White

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

oasisaccents@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

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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

4/10/21

5 Full name of contributor

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

Obis Spencer

6 Contributor address;

City;

State;

Zip Code

ospencer1@yahoo.com

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/10/21

Full name of contributor

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

Anthony Kyles

Contributor address;

City;

State;

Zip Code

antkyles@gmail.com

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/21

Full name of contributor

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

Charles Touson

Contributor address;

City;

State;

Zip Code

ctoulsonmd@alphaortho.net

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/21

Full name of contributor

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

Louis Burrell

Contributor address;

City;

State;

Zip Code

h1burrell3@sbcglobal.net

Amount of contribution (\$)

\$500

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

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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

4/9/21

5 Full name of contributor

Adrienne Green

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

adriennejgreen@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/21

Full name of contributor

Lisa & Kent Montgomery

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

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

allaboutfamily@me.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

Kenneth Frank

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

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

Kenny.frank@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

Troy Johnson

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

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

tfjcpa@aol.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

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| | | |
|---|--|---|
| 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 4/9/21 | 5 Full name of contributor out-of-state PAC (ID#: _____) Mark Williams | 7 Amount of contribution (\$) \$200 |
| | 6 Contributor address; City; State; Zip Code markwill89@yahoo.com | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/9/21 | Full name of contributor out-of-state PAC (ID#: _____) Dawn Malveaux <hr/> Contributor address; City; State; Zip Code dmalveaux214@sbcglobal.net | Amount of contribution (\$) \$500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/9/21 | Full name of contributor out-of-state PAC (ID#: _____) Grady Searcy <hr/> Contributor address; City; State; Zip Code gradysearcy@att.net | Amount of contribution (\$) \$250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date 4/9/21 | Full name of contributor out-of-state PAC (ID#: _____) William Langford <hr/> Contributor address; City; State; Zip Code wlangford86@att.net | Amount of contribution (\$) \$500 |
| 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

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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

4/9/21

5 Full name of contributor

Octavia Reed

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

Vinitareed@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/21

Full name of contributor

Sharla Jones

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

laurenmom@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

Keena Arias

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

Kewarias15@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

Kenny Carter

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

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

Kbcarterjr@yahoo.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

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1 Total pages Schedule A1:

12

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/21

5 Full name of contributor

out-of-state PAC (ID#:

Trina Walters

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

tlw103@yahoo.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/7/21

Full name of contributor

out-of-state PAC (ID#:

Ernest Morgan

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

earnestb50013@icloud.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

out-of-state PAC (ID#:

Nikki Harper

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

hqueen2019@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

out-of-state PAC (ID#:

Trinette Landry

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

tm1andry2@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

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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

4/1/21

5 Full name of contributor

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

James Lewis

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

lewismarketing@aol.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/21

Full name of contributor

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

Wendolyn Hunter

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

Whunter2975@gmail.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

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

Mary Martha Stinnett

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

11922 Salisbury Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/21

Full name of contributor

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

Sandra Hayes

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

shayes9624@aol.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 3/23/21 | 5 Full name of contributor Kimberly Broadneax out-of-state PAC (ID#: 6 Contributor address; Kimberlybroadneax@att.net City; State; Zip Code | 7 Amount of contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/23/21 | Full name of contributor NIKKI HARPER out-of-state PAC (ID#: Contributor address; tlcqueen2019@gmail.com City; State; Zip Code | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/23/21 | Full name of contributor LaTanya Gamble out-of-state PAC (ID#: Contributor address; ldgamble66@gmail.com City; State; Zip Code | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/30/21 | Full name of contributor Sem Habtemariam out-of-state PAC (ID#: Contributor address; semhabte@gmail.com City; State; Zip Code | Amount of contribution (\$) \$20 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

12

2 FILER NAME

Angelia Pelham

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/21

5 Full name of contributor

out-of-state PAC (ID#:

Krystal Sanders

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

Ksanderspierce@collin.edu

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/21

Full name of contributor

out-of-state PAC (ID#:

Donny Churchman

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

donny@hackdevelopment.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

out-of-state PAC (ID#:

Thelma Clardy

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

thelclardy@aol.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

out-of-state PAC (ID#:

Sherice Farha

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

ssfarha@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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 0.00

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

| | | |
|---|---------------------------|--------|
| 8 | Amount of Contribution \$ | 200.00 |
|---|---------------------------|--------|

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

200.00

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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: <u>5</u> | | 2 FILER NAME <u>Angelina Pelham</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>8/30/21</u> | | 5 Payee name <u>Style Publishing Group LLC</u> | | | |
| 6 Amount (\$) <u>1,147.50</u> | | 7 Payee address; City; State; Zip Code <u>PO Box 11676</u> <u>Frisco TX 75034</u> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | | (b) Description <u>Magazine Ad</u> | | |
| | (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 | | | | | |
| Date <u>04/06/21</u> | | Payee name <u>Mulhollands Custom Printing</u> | | | |
| Amount (\$) <u>108.25</u> | | Payee address; City; State; Zip Code <u>PO Box 470697</u> <u>FT Worth TX 76147</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising</u> | | Description <u>T-shirts</u> | | |
| | 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 | | | | | |
| Date <u>4/8/21</u> | | Payee name <u>PREMIER BILLBOARDS</u> | | | |
| Amount (\$) <u>1,661.00</u> | | Payee address; City; State; Zip Code <u>1408 N. Riverfront Blvd #276</u> <u>Dallas TX 75207</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> | | Description <u>DIGITAL BILLBOARD</u> | | |
| | 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 | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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: <div style="text-align: center; font-size: 1.5em;">5</div> | | 2 FILER NAME <div style="font-size: 1.2em;">Angelica Pelham</div> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <div style="font-size: 1.2em;">4/16/21</div> | | 5 Payee name <div style="font-size: 1.2em;">Postcard Mania</div> | | | |
| 6 Amount (\$) <div style="font-size: 1.2em;">720.47</div> | | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2145 Sunnydale Blvd Bldg 102 Clearwater, FL 33765</div> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">ADVERTISING</div> | | (b) Description <div style="font-size: 1.2em;">POSTCARDS/POSTAGE</div> | | |
| | (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 | | | | | |
| Date <div style="font-size: 1.2em;">4/15/21</div> | | Payee name <div style="font-size: 1.2em;">POSTCARD Mania</div> | | | |
| Amount (\$) <div style="font-size: 1.2em;">1241.18</div> | | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2145 Sunnydale Blvd Bldg 102 Clearwater, FL 33765</div> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">ADVERTISING</div> | | (b) Description <div style="font-size: 1.2em;">POSTCARDS/POSTAGE</div> | | |
| | 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 | | | | | |
| Date <div style="font-size: 1.2em;">4/20/21</div> | | Payee name <div style="font-size: 1.2em;">POSTCARD Mania</div> | | | |
| Amount (\$) <div style="font-size: 1.2em;">323.48</div> | | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2145 Sunnydale Blvd. Bldg 102 Clearwater, FL 33765</div> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">ADVERTISING</div> | | (b) Description <div style="font-size: 1.2em;">POSTCARDS/POSTAGE</div> | | |
| | 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 | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>5</u> | | 2 FILER NAME <u>Angelia Pelham</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>4/16/21</u> | | 5 Payee name <u>Premier Billboards</u> | | | |
| 6 Amount (\$) <u>997.00</u> | | 7 Payee address; City; State; Zip Code <u>1408 N. Riverfront Blvd #276</u> <u>Dallas TX 75207</u> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising</u> | | (b) Description <u>Digital Bill Board</u> | | |
| | (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 <u>4/08/21</u> | | Payee name <u>Postcard Mania</u> | | | |
| Amount (\$) <u>894.00</u> | | Payee address; City; State; Zip Code <u>2145 Sunnydale Blvd, Bldg 102</u> <u>Clearwater, FL 33765</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> | | Description <u>POSTCARDS / POSTAGE</u> | | |
| | 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 <u>4/9/21</u> | | Payee name <u>Postcard Mania</u> | | | |
| Amount (\$) <u>172.83</u> | | Payee address; City; State; Zip Code <u>2145 Sunnydale Blvd Bldg 102</u> <u>Clearwater, FL 33765</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> | | Description <u>POSTCARDS / POSTAGE</u> | | |
| | 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

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: 5 | | 2 FILER NAME Angelica Pelham | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4/21/21 | | 5 Payee name POSTCARD MANIA | | | |
| 6 Amount (\$) 1959.30 | | 7 Payee address; City; State; Zip Code 2145 Sunnydale Blvd Bldg 102 Clearwater FL 33765 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | | (b) Description POSTCARDS/POSTAGE | | |
| | (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 4/16/21 | | Payee name KUBO MARKETING GROUP | | | |
| Amount (\$) 914.00 | | Payee address; City; State; Zip Code 3725 Remington Drive Carrollton TX 75007 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | | Description WEBSITE UPDATES, MAINTENANCE | | |
| | 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 4/13/20 | | Payee name FEDEX | | | |
| Amount (\$) 1212.40 | | Payee address; City; State; Zip Code 5062 Main Street Frisco TX 75034 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | | Description FLYERS/HANDOUTS | | |
| | 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 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: 5 | 2 FILER NAME Angelia Pelham | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|--------------------------|-----------------------------------|
| 4 Date 4/12/21 | 5 Payee name VISTAPRINT |
|--------------------------|-----------------------------------|

| | | | | |
|--------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 170.16 | 7 Payee address; 275 Wyman Street Waltham MA 02451 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

| | | |
|--|---|-------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISEMENT | (b) Description PUSHCARDS |
| | (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 4/20/21 | Payee name Renee's JERK CHICKEN |
|------------------------|---|

| | | | | |
|-----------------------------|----------------|-------|--------|----------|
| Amount (\$) \$300 | Payee address; | City; | State; | Zip Code |
|-----------------------------|----------------|-------|--------|----------|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description FOOD FOR AMBASSADORS |
| | 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 | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | 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. <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F2: 1 | 2 FILER NAME Angelica Pelham | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date 4/8/21 | 6 Payee name Style Publishing Group LLC | |
| 7 Amount (\$) 1147.50 | 8 Payee address; City; State; Zip Code PO Box 1676 Frisco TX 75034 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (b) Description Magazine Ad |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 11 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 | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 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 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: <div style="text-align: center;">1</div> | 2 FILER NAME <div style="text-align: center;">Angelia Pelham</div> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="text-align: center;">4/10/21</div> | 5 Payee name <div style="text-align: center;">Big Frog Plano</div> | |
| 6 Amount (\$) <div style="text-align: center;">\$ 741.51</div> <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code <div style="text-align: center;">6505 W. Park Blvd #312 Plano TX 75093</div> | |
| 8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div> | (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING</div> | (b) Description <div style="text-align: center;">T-SHIRTS</div> |
| | (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 <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> | | |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | 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 <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> | | |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | 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 <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> | | |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | 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 <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> | | |

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