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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY Jonathan **OFFICEHOLDER** NAME Date Received ADDRESS / PO BOX; APT / SUITE #; SUFFIX RECEIVED 4 CANDIDATE / ZIP CODE 7752 Petersburgh Place Frisco, Pexas 75035 **OFFICEHOLDER** APR 2 3 2021 **MAILING** 3:15PM. A.C. **ADDRESS** CITY SECRETARY'S OFFICE Change of Address PHONE NUMBER AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked) 214 - 4667 AR FIRST Armand **OFFICEHOLDER** (972) PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Denis Schade Street Address (NO PO BOX PLEASE); APT / SUITE #: CITY 1752 Petersburgh Place Frisce, Texas 75035 Date Imaged STATE: ZIP CODE 7 CAMPAIGN **TREASURER** ADDRESS (Residence or Business) PHONE NUMBER AREA CODE EXTENSION CAMPAIGN **TREASURER** (630) 210-1701 PHONE REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 02 / 08 / 2021 THROUGH 04/23/2021 ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff **General** Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE (OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER FORM C/OH 8-day **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Jonathan P. Schade TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 2193.06 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ **TOTALS** 2122,31 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: KAREN TARDIF Notary Public, State of Texas Comm. Expires 04-30-2023 (1) Affidavit Notary ID 131995224 NOTARY STAMP/SEAL Sworn to and subscribed before me by Jonathan P. Schade this the 23 day of april , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is ______, and my date of birth is _____ My address is (city) (state) (zip code) (country) (street) Executed in _____ County, State of _____ , on the ____ day of _ Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

8-day

FORM C/OH COVER SHEET PG 3

19	Jonathan P. Schade 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2193.66
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$122.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 210.07
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

8-day 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:
Jonathan Penny Schade		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2/12/21 Kathleen P. Schade		\$200.00
6 Contributor address; City; 7752 Petersburgh Place, P	State; Zip Code	
Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PA Jonathan Perry Schade A/16/AI Contributor address; City: 1752 Peters burg & Place, Fri	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor out-of-state PA 2/24/21 John Perry Contributor address; City; 2221 W 200 N Provo	State; Zip Code Utah SH60/	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor out-of-state PA 3/1/21 Sonathan Perry Schade Contributor address; City; 7.752 Peters burgh Place,	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
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ATTACH ADDITIONAL COPIES	OF THE COURT A	HEEDER

SCHEDULE A1

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

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	n.	1 Total pages Schedule A1:							
2 FILER NAME	Tonathan Perry Schade		3 Filer ID (Ethics Commission Filers)							
4 Date	5 Full name of contributor uut-of-state PAC (ID#.		7 Amount of contribution (\$)							
02\24\21	Jonathan Perry Schade 6 Contributor address; City; St 7752 Peters burgh PL Frisco T	1	\$ 10.00							
			Hone)							
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)							
Date	Full name of contributor		Amount of contribution (\$)							
62\24\21	Carin Fisher Young Contributor address; City; s 901 S. Main Street Yorkville		\$ 10.00							
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Date	Full name of contributor)	Amount of contribution (\$)							
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Date	Full name of contributor)	Amount of contribution (\$)							
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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 form.	1 Total pages Schedule A1:
2 FILER NAME Jonathan P. Schade	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:) 4/8/2021 6 Contributor address; City; State; Zip Code 7752 Peteraburg Place, Frace, TX 75035	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Jonathan P. Schade Contributor address; City; State; Zip Code 7752 Potenskung Place, Frisco, TX 75035	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:) 1/11/2001 Tonathan f. Schade Contributor address; City; State; Zip Code 4752 letersburg Place, frisas, TX 75035	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8-day . SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
02\21\21	Facebook	*					
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02\23\21	Vista Print						
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in. TX. officeholder living expense				

Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

8-day . 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 Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memonals Expense		Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
c. san ca. c. aymon		The Instruction Guide explain	s how to com	olete this form.			
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Amount (\$)	Payee addr	ress;		City;	State;	Zip Code	
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8-dej . 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Total pages Schedule F1: 2 FILER NAME 5 Payee name 7 Payee address; City: State: Zip Code 4/0.00 4/10.00 5 Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Furpose OF EXPENDITURE City: State: Zip Code (a) Category (See Categories listed at the top of this schedule) City: State: Zip Code Furpose Advertising Expense Furch sold Ads City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate/Officeholder/Political		ages/Contract Labor Other (enter a category not listed above)
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Amount (\$) Payee address; City; State; Zip Code ### CA 94025 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE	Date	Payee name	
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Date Payee name Signarana Frisco Amount (\$) Payee address; City: State: Zip Code Fisco Tx 75033 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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schedule F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opticeholder/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

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.						
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4 Date	5 Payee name					
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6 Amount (\$)	7 Payee address;	City; State; Zip Code				
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PURPOSE OF EXPENDITURE	Advertising Expense	Stahes to hold signs				
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	Category (See Categories listed at the top of this schedule)	Description				
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Date	Payee name					
03124121	Signarama					
Amount (\$)	Payee address;	City; State; Zip Code				
\$ 377.17	9410 Dallas Pkwy #	160 Frisco Tx 75033				
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PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

8-day . SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Josethan Perry Schace Fanzz City; State; Zip Code 2601 Preston Road SP2120 Frisco **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Signarana Payee address: 03130121 Zip Code Amount (\$) **PURPOSE** Yurd Signs OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Facebook City; State; Zip Code Amount (\$) Payee address; \$10.00 **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

8-day

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

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4 Date 4/19/2024	5 Payee name Vista Privit		
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\$197.28	95 Haydon Avenue .	Legaruators,	Mass 02421
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PURPOSE OF EXPENDITURE	Advertising	Ex 7 lass	Along Cares
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Date ///	Payee name		
4/16/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advantising	Faceboo	k Ads
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	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 NEED	ED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

8-day schedule G

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

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EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fr Fr By G al Committee L	vent Expense ees ood/Beverage Ex ift/Awards/Memo egal Services The Instructio		Office Ove Polling Ex Printing Ex Salaries/V	kpense Vages/Contract I	xpense Labor	Travel In Di Travel Out	ion Equipme strict Of District	Expense ent & Related Expe not listed above)	nse
Total pages Schedule G:	2 FILER NAME	than 1	erry	Sch.	ide	,	3 Filer ID	Ethics (Commission Filer	s)
4 Date 0 3 \ 22\21	5 Payee name	Dep	, ,	-						
6 Amount (\$)	7 Payee addre	ess;				City;		State;	Zip Code	
Reimbursement from political contributions intended	5995	W E/	dorado	Phu	ry F	risco	7	× 7.	5033	
8 PURPOSE OF	(a) Category (S	ee Categories liste	7	schedule)	(b) Descrip	cs to	6.1.	א אינצי א	795	
EXPENDITURE			f Texas. Complete S	chedule T.	Chi	eck if Austin,	TX, officeholo	der living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholde	er name		Office sough	ht		(Office held	
Date 02 \68\21	Payee name	athen	Perry	. Se	hade	_				
Amount (\$) 200.00	Payee addre	ess;	/)	City;		State;	Zip Code	
Reimbursement from political contributions intended	775	2 Pet	ters bu	gh P	1 F	1360		x 7	15035	_
PURPOSE	Category (S	See Categories list	ed at the top of this	schedule)	Descrip	otion		_ /		
OF EXPENDITURE	Cardi	date of	fice hold.	•	City (bunci	17	iling	Fec	
	Ch	eck if travel outside	of Texas, Complete S	Schedule T.	Ch	eck if Austin,	TX, officeho			
Complete ONLY if direct expenditure to benefit C/0		e / Officehold	er name		Office soug	ht		,	Office held	
Date	Payee name	•								
Amount (\$)	Payee addr	ess;			Ci	ty;	S	State;	Zip Code	
Reimbursement from political contributions intended										
PURPOSE OF EXPENDITURE	Category (s	See Categories list	ed at the top of this	schedule)	Descri	ption				
ma manione	Ch	eck if travel outside	of Texas. Complete S	Schedule T.	C	neck if Austin,	TX, officeho	lder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officehold	er name		Office soug	jht			Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED